

## Background Information Sheet

*Provide the following information for each Authorized Representative and Principal listed in the application package. This form may be duplicated as many times as necessary.*

Full Name (First, Middle, Last)		Other Names Used (Maiden names, AKA, etc.)	
Social Security Number (xxx-xx-xxxx)*		Date of Birth (Month/Day/Year)	
Residential Address			
City	State	Zip	Phone Number
Mailing Address (if different from above)			
City	State	Zip	Phone Number
Email Address			

*List each CITY, STATE and ZIP CODE you have lived in within the past seven years, including your current address.*

City	State	Zip Code	From Mo/Yr	To Mo/Yr

\* The voluntary disclosure of your social security number is requested by the Arizona State Board for Charter Schools pursuant to its legislative authorization under A.R.S. § 15-182€ in order to verify the information supplied in your charter application package and to determine your qualifications to operate a charter school. No statute or other authority requires that you disclose your social security number for that purpose. Failure to disclose your social security number may, however, result in a denial of your charter application or amendment.

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**Name of Individual (Authorized Representative/Principal):** \_\_\_\_\_

*If applicable, list the **highest-level** post-secondary institution attended and degree earned or coursework/certification completed. If no post-secondary education is indicated on your resume, write N/A in "Institution Name."*

Institution Name	Dates Attended	Degree Earned	Major
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*List the last FIVE YEARS of employment. List and describe any gaps in employment within the last five years.*

Company Name		Position Held		
Address	City	State	Zip Code	Phone Number
Date Employed From: (Month/Year)	Date Employed To: (Month/Year)		Supervisor/Contact:	

Company Name		Position Held		
Address	City	State	Zip Code	Phone Number
Date Employed From: (Month/Year)	Date Employed To: (Month/Year)		Supervisor/Contact:	

Company Name		Position Held		
Address	City	State	Zip Code	Phone Number
Date Employed From: (Month/Year)	Date Employed To: (Month/Year)		Supervisor/Contact:	

Company Name		Position Held		
Address	City	State	Zip Code	Phone Number
Date Employed From: (Month/Year)	Date Employed To: (Month/Year)		Supervisor/Contact:	

Duplicate and add employment fields as necessary.