

Background Information Sheet Attachment

Provide the following information for each new Charter Representative or Principal listed in the amendment request. 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.E in order to verify the information supplied in your amendment request. 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 amendment.

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Charter Representative/Principal Name: _____

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

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.