



McFADDEN INSURANCE

SAMPLE

TO BE TYPED ON CONTRACTOR'S LETTERHEAD

TO BE COMPLETED BY PRINICIPAL(S) AND ALL KEY EMPLOYEES

RESUME

Resume of Experience for: _____
(Name and Title)

of _____
(Name of Company)

PERSONAL INFORMATION:

Social Security Number: _____

Date of Birth: _____

Place of Birth: _____

Telephone Number: _____

Complete Residence Address: _____

Education: _____

POSITION AND JOB DESCRIPTION WITH COMPANY:

PERCENTAGE OF OWNERSHIP (IF ANY): _____

POSITION(S) WITH OTHER COMPANIES:

Names and Dates of Employment:

ATTACH ADDITIONAL COMMENTS OR EXPERIENCE, IF AVAILABLE.