# 3.2 BUSINESS AND EMPLOYMENT EXPERIENCE

**Instructions**. Please fill out one of these forms (3.2) for each and every separate job you have held and each business you have owned. ***Please make additional copies of this form as necessary***.

Proposer's name _____ Company name _____

Company address _____ City _____

State_____ Zip_____ Telephone (  ) _____

Type of business (deputy registrar, retail grocery, etc.) _____

Company's products and services _____

Indicate whether you were an owner, manager or supervisor, or employee of this company.

A. _____ OWNER: Form of ownership (sole proprietor, partner, etc.)

Percentage of business you owned: _____% Hours worked weekly _____

Dates you operated this business: From: month _____ year _____ To: month _____ year _____

Was this business your primary source of income and support? No _____ Yes _____

B. _____ MANAGER OR SUPERVISOR: Job title _____

Number of employees supervised _____ Hours worked weekly _____

Dates this position was held: From: month _____ year _____ To: month _____ year _____

Management/supervisory duties_____

C. _____ EMPLOYEE: Job title_____

Hours worked weekly_____ Job duties _____

Dates of this employment: From: month _____ year _____ To: month _____ year _____

Describe how and to what extent **you provided high quality customer service** at this position: _____

_____

_____

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

| Name | City | State | Zip | Daytime Phone |
|---|---|---|---|---|
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