

FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE
FORM 3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE
FORM 3.2(C) EMPLOYEE EXPERIENCE

Instructions

It is important that you supply complete and accurate information about all relevant business ownership, management, supervisory, and employment experience so that the BMV will be able to verify that experience from independent sources. Generally, proposers receive the most consideration for service as a deputy registrar, second most consideration for service as a business owner, third most consideration for service as a manager or supervisor, fourth most consideration as a deputy registrar employee without management experience, and least consideration for other employment experience without any supervisory or management experience.

Nonprofit corporations must report only the businesses and activities conducted by the nonprofit corporation itself on Form 3.2(A) Business Ownership Experience. If the nonprofit corporation has operated a deputy registrar agency, that information should be entered and submitted on one Form 3.2(A) Business Ownership Experience. Any other business activities (fund raising, charitable activities, etc.) should also be entered and submitted on a separate 3.2(A) Business Ownership Experience. Use a separate Form 3.2 for each separate business activity performed by the NPC and a separate Form 3.2(A) for each separate business activity performed by the NPC.

Form 3.2(A) Business Ownership Experience. Deputy registrars, nonprofit corporations, county auditors, clerks of courts, and individuals should use this form to report on businesses actually owned and operated by them.

Form 3.2(B) Management and/or Supervisory Experience. Individuals, county auditors, and clerks of courts should use this form to report management and supervisory experience performed by them. Service as a county auditor or clerk of court qualifies as management and supervisory experience.

Form 3.2(C) Employee Experience. Individuals, county auditors, and clerks of courts should use this form to report all other employment that did not include management or supervisory authority.

FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE

Instructions. Please fill out one of these forms 3.2(A) for each business you have owned. Do not use this form 3.2(A) for management, supervisory, or employee experience. If you have owned more than one business, submit a separate for 3.2(A) for each business 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/or services _____

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

1. Federal Tax ID Number: _____

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

3. Dates you operated this business: From: month ____ year ____ To: month ____ year ____

4. Is/was this business profitable? No _____ Yes _____

5. Is/was this business your primary source of income and support? No _____ Yes _____

6. Do/did you directly hire, evaluate, train, and discipline employees? No _____ Yes _____

7. Do/did you directly manage employees on a daily basis? No _____ Yes _____

If you answered yes to question number 6, how many employees do/did you manage? _____

8. Have you ever developed a comprehensive business plan? No _____ Yes _____

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
_____	_____	_____	_____ () _____	_____
_____	_____	_____	_____ () _____	_____
_____	_____	_____	_____ () _____	_____

3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE

Instructions. Please fill out one of these forms 3.2(B) for each separate management or supervisory job you have held. Do not use this form 3.2(B) for business ownership or regular employee positions. Use a separate form 3.2(B) for each management or supervisory position that you have held. *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.) _____

Management/supervisory duties _____

MANAGER OR SUPERVISOR - Job title: _____

1. Title of position _____ Hours worked weekly? _____

2. Dates this position was held: From: month ____ year ____ To: month ____ year ____

3. Do/did you directly hire, evaluate, train, and discipline employees? No _____ Yes _____

4. Do/did you directly manage/supervise employees on a daily basis? No _____ Yes _____

If you answered yes to question number 4, how many employees do/did you manage? _____

5. Have you ever developed a comprehensive business plan? No _____ Yes _____

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
_____	_____	_____	_____ () _____	_____
_____	_____	_____	_____ () _____	_____
_____	_____	_____	_____ () _____	_____

3.2(C) EMPLOYEE EXPERIENCE

Instructions. Please fill out one of these forms 3.2(C) for each and every separate job you have held as an employee. Do not use this form 3.2(C) for business ownership or jobs in which you had management or supervisory duties. Use a separate form 3.2(C) for each non-management and/or non-supervisory job held. *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.) _____

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
_____	_____	_____	_____ () _____	_____
_____	_____	_____	_____ () _____	_____
_____	_____	_____	_____ () _____	_____