



LESRON

The Surety Bond Specialists

Resume Of Experience

Resume of Experience for: _____
(Name of Owner or Key Employee)

Who is: _____ of the Firm: _____
(Your position) (Name of Company)

Personal Information

Date of Birth: _____ Social Security: _____
Place of Birth: _____ Phone Number: _____
Address (include country): _____
If married, name of spouse: _____ Social Security: _____

Education

High School: _____
College or Trade School: _____

Experience With Company

Number of years with company: _____ Starting position with company: _____
Present position and responsibilities with the company: _____
Scope of Position: _____
Percentage of ownership (if applicable) %: _____

Experience in Field (If you already have a Resume please include it in the packet)

Name, Address, & Date of Employment	Responsibilities
_____	_____
_____	_____
_____	_____

Comments (including objectives and goals within the company) _____

Signature: _____