# 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.

<u>Form 3.2(A) Business Ownership Experience</u>. 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.

<u>Form 3.2(B) Management and/or Supervisory Experience</u>. 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.

<u>Form 3.2(C) Employee Experience</u>. 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		Cit	у			
State_	Zip	Telephone (	)			
Type of business (deputy	registrar, retail grocer	ry, etc.)				
Company's products and	/or services					
BUSINESS OWNER - F	Form of ownership (sol		c.):			
1. Federal Tax ID Nu	ımber:					
2. Percentage of busi	ness you owned:	% H	Hours worked we	eekly		
3. Dates you operated	this business: From:	month year	To: month	year		
4. Is/was this busines	s profitable?		No	Yes		
5. Is/was this busines	s your primary source	of income and support	? No	Yes		
6. Do/did you directly	y hire, evaluate, train,	and discipline employed	es? No	Yes		
7. Do/did you directly manage employees on a daily basis?			No	Yes		
If you answered y	es to question number	6, how many employee	s do/did you ma	nage?		
8. Have you ever developed a comprehensive business plan?			No	Yes		
List at least one person, least one person to verif registrar or deputy regist	fy this experience, you	will not receive any	credit for it. (If	f you are a deputy		
Name	City	State	Zip D	aytime 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 address		City				
State	Zip	Telephone (	)			
Type of business (deputy	registrar, retail grocer	ry, etc.)				
Management/supervisory	duties					
MANAGER OR SUPER	VISOR - Job title:					
1. Title of position		Н	ours worked	weekly?		
2. Dates this position	was held: From: mon	th yearT	o: month	year		
3. Do/did you directly	hire, evaluate, train, a	and discipline employees?	No	Yes		
4. Do/did you directly	manage/supervise en	aployees on a daily basis?	No	Yes		
If you answered ye	s to question number	4, how many employees d	o/did you ma	anage?		
5. Have you ever deve	eloped a comprehensiv	ve business plan?	No	Yes		
least one person to verify	this experience, you	who can verify this expension will not receive any creative list BMV employees to verify this expension.	dit for it. (I	f you are a deputy		
Name	City	State	Zip I	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	Teleph	one (	)			
Type of business (deputy	registrar, retail gro	ocery, etc.)					
EMPLOYEE - Job title:							
Hours worked weekly		Job duties					
Dates of this employmen	t: From: month _	year	To: mo	onth	year		
Describe how and to what							
List at least one person, in least one person to verify registrar or deputy registration.	y this experience,	you will not receive	e any credit	for it.	(If you are a deputy		
Name	City	State	Zi	p	Daytime Phone		
					)		
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