

# APPLICATION FOR DIRECTOR

## Introduction

Being a Director of Paul Bunyan Rural Telephone Cooperative (the “Cooperative”) is an important and challenging responsibility. Certain specific qualifications for eligibility and retention as a Director are set forth in Article III, Section 2(b) of the Cooperative Bylaws, which provisions govern in all respects. These qualification requirements are summarized below:

No person shall be eligible to become or remain a director of the Cooperative who:

- Is not a member of the Cooperative receiving specified services from the Cooperative at the candidate's primary residence which is located in the district with respect to which the candidate would become a director if elected.
- Became a member of the Cooperative after September 1st of the year immediately preceding the year in which he/she is to become a director.
- Within five (5) years preceding a director candidate's nomination was an employee of the Cooperative or any business owned by the Cooperative.
- Is, becomes, or was at any time during the five (5) years preceding a director candidate's nomination, employed by a labor union which represents, has represented, or has endeavored to represent any employees of the Cooperative or any business owned by the Cooperative.
- Is a Related Party of an employee of the Cooperative or any business owned by the Cooperative. A person is a “Related Party” if they are a grandparent, parent, spouse, brother, sister, co-habitant, child or grandchild by blood or marriage
- Is a Related Party of an incumbent director that is not up for re-election.
- Is employed by, affiliated with, have financial interest in or is a director or hold a position of leadership or influence with respect to any individual or entity which is: (i) directly or substantially competing with the Cooperative or any business owned by the Cooperative; (ii) selling goods or services in substantial quantity to the Cooperative or any business owned by the Cooperative; or (iii) possesses a substantial conflict of interest with the Cooperative or any business owned by the Cooperative.
- Is or becomes the full-time employee or agent of, or who is or becomes the full-time employer or principal of, another director.
- Is a member of a joint membership under circumstances or such joint membership has a joint member who is serving as a director or is in a position of trust in the Cooperative.
- Has been finally adjudged to be guilty of any felony, or any gross misdemeanor pertaining to a crime involving moral turpitude.
- Is currently involved in litigation with a cooperative or any business owned by the Cooperative or has been involved in the litigation with the Cooperative or any business owned by the Cooperative within ten (10) years preceding your nomination.
- Is absent without being excused by the board from three (3) or more regular meetings of the Board of Directors during any twelve (12) month period.

In addition to the above, general law imposes certain duties upon directors. The following application questions are designed to ensure you are eligible to be a candidate for director and to remain as director if elected.

Candidate Full Legal Name:

FIRST

MIDDLE

LAST

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Address, Primary Residence:

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CITY

STATE

ZIP

Are you a member of the Cooperative?  YES  NO

District (specify district number) \_\_\_\_\_

Do you currently receive telephone, broadband or other communication services from the Cooperative at the Primary Residence address listed above?

YES  NO

If no, please identify the address where you receive telephone, broadband or other communication services from the Cooperative:

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Please list the date upon which you first began receiving telephone, broadband or other communication services from the Cooperative: \_\_\_\_\_

Current Employer (name, address, title or description of duties and responsibilities):

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It is anticipated that a typical Director will spend at least 20 days per year preparing for and attending meetings of the Board of Directors and of the general membership, representing the Cooperative on committees and attending conferences. Most of the meetings are conducted during traditional business hours and the attendance of conferences typically requires out-of-town travel.

Are you able to commit that amount of time to be actively involved in the affairs of the Cooperative?

YES       NO

Are you currently employed or have been employed at any time within the preceding five (5) years by the Cooperative or any business owned by the Cooperative?

YES       NO

If yes, please explain:

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A director has a duty of loyalty to the Cooperative and a fiduciary duty to act in the best interests of the Cooperative and its members as the director reasonably believes to be the case under the circumstances. Relating to those duties, please answer the following questions:

Will you be able to act in the best interests of the Cooperative even though it may conflict with your personal interests?

YES       NO

Comments:

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Do you have a commitment of loyalty to another commercial enterprise or a labor union that may conflict with the best interests of the Cooperative or any business owned by the Cooperative, or which is engaged in business dealings with or is a competitor of the Cooperative or any business owned by the Cooperative? (If Yes, please describe in detail the nature of your responsibilities or the potential conflict, including identifying the organization and your authority and duties within the organization that present the potential conflict. Attach additional pages if necessary).

YES       NO

Comments:

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Are you a Related Party of an employee of the Cooperative or a business owned by the Cooperative or an incumbent director? (If Yes, please explain.)

YES       NO

Comments:

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Have you been determined to be guilty of any felony or any gross misdemeanor pertaining to a crime involving moral turpitude? The Cooperative defines such matters as any felony or gross misdemeanor that demonstrates an absence of good moral character, broadly defined. (If Yes, please explain.)

YES       NO

Comments:

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Have you at any time been engaged with litigation with the Cooperative or any business owned by the Cooperative. (If Yes, please explain.)

YES       NO

Comments:

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**Affirmation**

I, the undersigned, hereby state and affirm:

1. I have read the Cooperative’s Bylaws, including Article III regarding directors and the specific qualification criteria set forth in Article III, Section 2(b).
2. If elected, I meet the requisite qualifications to be nominated and elected or appointed as a Cooperative director.
3. I am qualified to serve as a Cooperative director.
4. I understand a background check, including verification of the information provided on this application, a social media activity review, and criminal background check will be conducted and expressly authorize Paul Bunyan Rural Telephone Cooperative, to conduct such background checks, verifications, and reviews relating to my application for director.
5. I acknowledge my candidacy is subject to nomination by submitting with this application properly completed and signed nomination forms (attached) from at least **TWO MEMBERS** who are receiving telephone, broadband or other communication services from the Cooperative at the service address in the District with respect to which my application relates.
6. I have attached to this Application a completed Paul Bunyan Communications Board of Directors “Meet the Candidate” Information Statement and will provide the personal image referenced in the Information Statement promptly following my submission of this Application. I give my permission to include any image and biographical information set forth in the Information Statement in connection with my Application, my candidacy for Board election and as a member of the Board of Directors of the Cooperative should I be elected.
7. I have attached a completed Informed Consent Authorization which I understand the Cooperative will use for the purpose of obtaining information from the Minnesota Bureau of Criminal Apprehension in conjunction with this Application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF MINNESOTA            )  
                                                          ) ss.  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known to be the individual described in and who executed the foregoing instrument and acknowledged that (s)he signed and sealed the same as his/her own free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND AND OFFICIAL SEAL the day and year in this certificate first written above.

SEAL

\_\_\_\_\_  
Notary Public

Residing At:

\_\_\_\_\_  
Commission Expires: \_\_\_\_\_

## NOMINATION FOR DISTRICT DIRECTOR

The undersigned natural person designated as the "Member," hereby nominates the undersigned natural person identified below as the "Nominated Candidate" to be a director-candidate for the ensuing [date] district caucus election.

### MEMBER INFORMATION

Member Full Legal Name:

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FIRST

MIDDLE

LAST

Member Address, Primary Residence:

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CITY

STATE

ZIP

Member Number: \_\_\_\_\_ Member District (specify district number): \_\_\_\_\_

By submitting this Nomination Form, the undersigned Member hereby acknowledges that they are currently receiving telephone, broadband or other communication services from the Cooperative at the Primary Residence address listed above and, to the best of their knowledge, the Nominated Candidate information set forth below is true and correct.

### NOMINATED CANDIDATE INFORMATION

Candidate Full Legal Name:

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FIRST

MIDDLE

LAST

Candidate Address, Primary Residence:

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CITY

STATE

ZIP

Candidate District (specify district number): \_\_\_\_\_

The undersigned Member, under penalties of perjury, hereby submits this Nomination for District Director for the purpose of nominating the above-designated "Nominated Candidate." This nomination form automatically expires and is of no further force or effect 11 months following the date set forth adjacent to the Member signature below.

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MEMBER SIGNATURE

-----  
DATE

## NOMINATION FOR DISTRICT DIRECTOR

The undersigned natural person designated as the "Member," hereby nominates the undersigned natural person identified below as the "Nominated Candidate" to be a director-candidate for the ensuing date \_\_\_\_\_ district caucus election.

### MEMBER INFORMATION

Member Full Legal Name:

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FIRST

MIDDLE

LAST

Member Address, Primary Residence:

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CITY

STATE

ZIP

Member Number: \_\_\_\_\_ Member District (specify district number): \_\_\_\_\_

By submitting this Nomination Form, the undersigned Member hereby acknowledges that they are currently receiving telephone, broadband or other communication services from the Cooperative at the Primary Residence address listed above and, to the best of their knowledge, the Nominated Candidate information set forth below is true and correct.

### NOMINATED CANDIDATE INFORMATION

Candidate Full Legal Name:

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FIRST

MIDDLE

LAST

Candidate Address, Primary Residence:

-----  
CITY

STATE

ZIP

Candidate District (specify district number): \_\_\_\_\_

The undersigned Member, under penalties of perjury, hereby submits this Nomination for District Director for the purpose of nominating the above-designated "Nominated Candidate." This nomination form automatically expires and is of no further force or effect 11 months following the date set forth adjacent to the Member signature below.

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MEMBER SIGNATURE

-----  
DATE





## INFORMED CONSENT AUTHORIZATION

Paul Bunyan Rural Telephone Cooperative • 1831 Anne Street NW, Suite 100  
Bemidji, MN 56601 • Phone (218)-444-1234 or (888)-536-3100

Date: \_\_\_\_\_

The following named individual has made application with the Cooperative for a position as a member of the Cooperative's Board of Directors.

Last Name of Applicant (please print): \_\_\_\_\_

First Name (please print): \_\_\_\_\_

Middle (full) (please print): \_\_\_\_\_

Maiden, Alias or Former (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female  
Month / Day / Year

Social Security Number (optional): \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Paul Bunyan Rural Telephone Cooperative for the purpose of being elected as a member of the Board of Directors of Paul Bunyan Rural Telephone Cooperative.

The expiration of this authorization shall be one year from the date of my signature.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF MINNESOTA            )  
                                          ) ss.  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known to be the individual described in and who executed the foregoing instrument and acknowledged that (s)he signed and sealed the same as his/her own free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND AND OFFICIAL SEAL the day and year in this certificate first written above.

SEAL

\_\_\_\_\_  
Notary Public

Residing At:

\_\_\_\_\_

Commission Expires: \_\_\_\_\_

**The following pages of this document are to be completed for the purpose of a background investigation. We use Cooperative Network Services (CNS) to perform our investigation as noted in the disclosure on the following page.**

## DISCLOSURE OF BACKGROUND INVESTIGATION

In considering you for employment or directorship, or if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, discipline, or other employment purposes, CNS (“the Company”) may request, obtain and rely upon one or more consumer reports or investigative consumer reports about you from a consumer reporting agency.

For explanation purposes:

- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, credit history information, criminal history information, driving records, verifications of your employment and/or education history; and other types of background information.
- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested. The most common form of investigative consumer report is an inquiry into your employment and/or education history.

Under the Fair Credit Reporting Act, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, it must have your written authorization. If the Company later considers adverse action based, in whole or in part, on information in a report on you, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and an additional summary of your rights under the FCRA.

Consumer and/or investigative consumer report(s) about you will be obtained from the following consumer reporting agency:

**Trusted Employees, 7900 W 78th Street, Edina, MN 55439, (888) 389-4023.**

**Trusted Employees’ information and privacy policy can be found at [www.trustedemployees.com](http://www.trustedemployees.com).**

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

## ADDITIONAL STATE LAW NOTICES

**Notice to individuals who reside in Massachusetts, work in Massachusetts, or are applying to work in Massachusetts:** You have the right to know whether the Company requested an investigative report about you and, upon written request to the Company, to receive a copy of any such report. You also have the right to ask the consumer reporting agency (i.e., Trusted Employees) for a copy of any such report.

**Notice to individuals who reside in New Jersey, work in New Jersey, or are applying to work in New Jersey:** You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency (i.e., Trusted Employees)

**Notice to individuals who reside in New York, work in New York, or are applying to work in New York:** You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency (i.e., Trusted Employees) directly. You are also receiving a copy of Article 23-A of the New York Correction Law.

**Notice to individuals who reside in Oregon, work in Oregon, or are applying to work in Oregon:** Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that Employer has not maintained secured records is available to you upon request.

**Notice to individuals who reside in Washington State, work in Washington State, or are applying to work in Washington State:** Under the Washington Fair Credit Reporting Act, you have the right to ask Trusted Employees for a written summary of your rights. If you submit a request to the Company in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report the Company ordered, if any.

**Notice to individuals who reside in Minnesota, work in Minnesota, or are applying to work in Minnesota:** You have the right, upon written request to Trusted Employees, to receive a complete and accurate disclosure of the nature and scope of any consumer report. Trusted Employees must make this disclosure within five days of receipt of your request or of Company's request for the report, whichever is later.



# AUTHORIZATION OF BACKGROUND INVESTIGATION

I have received, read, and understand:

- The Disclosure of Background Investigation;
- The federal governmental notice entitled, "A Summary of Your Rights Under the Fair Credit Reporting Act";
- The document entitled "Additional State Law Notices" (and if a California applicant/employee, the Notice Regarding Background Investigation Pursuant to California Law).

My signature below indicates my authorization for \_\_\_\_\_ ("the Company") to obtain consumer and/or investigative consumer reports about me from a consumer reporting agency in considering me for hiring, promotion, assignment, reassignment, retention, discipline, or other employment purposes.

By signing below, I also acknowledge that the facsimile (FAX) or photocopy of this document shall be valid and accepted with the same authority as the original. I agree that, if employed by the Company, this authorization will remain in effect throughout the term of my employment, or to the extent allowed by law.

**California, Minnesota, and Oklahoma Applicants/Employees Only:** Please check this box if you would like a free copy of the consumer or investigative consumer report prepared on you?  Yes  No

Would you like your copy sent via e-mail for faster delivery?  Yes  No

**E-mail Address:** \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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## PERSONAL DATA NEEDED FOR BACKGROUND CHECK—PLEASE COMPLETE

First Name	Middle Name	Last Name		
Street Address	City	State	Zip Code	Phone
Date of Birth	Social Security Number	Driver's License Number	State of License	

List any other cities and states in which you have lived during the previous 7 years.

List any other LAST NAMES you have used during the previous 7 years and/or for higher education).