

Resumé of DSRA Benefit Trust BoD Candidate

Name:

First Name

Middle Initial

Last Name

Address:

Street

City

State

Zip Code

Phone:

Home Phone

Cell Phone

Email Address:

Employment Status:

[Retired, Active, Contract/Consultant]

Employer Name (If applicable):

GM/ Delphi Employment:[if applicable]

Start Date

Retirement Date

Candidate Qualifications

Brief Work History:

Most Recent Job Assignments

**Brief Volunteer
History:**

Volunteer Organizations and Positions Held

Specific Skills:

Reference Qualification List for beneficial skills for some Board Positions

**Other
Qualifications:**

Reference Qualification List of Required and Desirable Qualifications