



Resume' of DSRA Benefit Trust BoD Candidate

Name: _____
First Middle Initial Last

Address: _____
Street City State Zip Code

Phone: _____
Home Phone Cell Phone

E-Mail 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

