**Please email completed form to:**

 rotibib@gmail.com

 STS Partners Application

**The information requested in this form is to be used to evaluate your suitability**

**APPLICATI**

otibi@gmail.com

**to become a Partner with STS, Bible College and Nursing School. All information will be held in the**

#  PERSONAL INFORMATION EDUCATION

Mr / Mrs / Miss First Name Surname Date of Birth Home Address

School City / State Last Year Completed

Do you own or rent?

College / University / Other City / State Last Year Completed



Home Telephone Mobile Telephone Business Telephone (if different)

Email Address

How long have you lived at your current address?

If less than 2 years please state previous address

Drivers license? State of Issue

Marital Status

SS#:

Spouse’s Name

#  EMPLOYMENT / BUSINESS EXPERIENCE



any active business partners below. Continue on a separate sheet if necessary or attach a CV.

Present Employer Type of Business Address

Position Duration

Number of children and ages if under 18 Any other dependents? Please give details

Will your spouse / partner be active in the business? If so, in what capacity?

No. of people you manage

Previous Employer Type of Business Address

Position Duration

No. of people you managed

#  PERSONAL FINANCIAL STATEMENT

**Your Assets**

Cash in bank Value of home if owned Value of other properties Savings

**Your Liabilities**

Bills payable Home Mortgage Other Mortgage Other obligations

Shares & Bonds Vehicles Existing business (sale value) Money due to you Other assets

**Total Assets Total Liabilities**

**Net Worth**

(Total Assets less Total Liabilities)

Have you ever been declared bankrupt? If so, please give details



#  REFERENCES

References are required before your application will be processed. Please give full names and addresses.

**Credit References**

(e.g. Bank, Suppliers, Accountant)

**1.**

**Personal References**

(Someone who has known you for at least 2 years)

1.

1. **2.**

**Bank Details**

Bank Name Account Number Routing Number Address

**Attorney** Name of Firm Contact Name Address

Telephone Number

Telephone

Number

Have you previously been approved for business funding? If so, please give details.

#  DECLARATION

**Signature Date Print Name**



give my consent to STS Bible College to contact any person named in this form in connection with my

interest in a STS Bible College and Nursing School and to carry out reasonable checks on my finances and other matters.



relation to the assessment of you as a potential business partner.

We will be contacting you shortly with our response.