
U.S. Department of Labor BIOGRAPHICAL SKETCH

Provide the following information for the senior/key personnel and other significant contributors. Follow this format for each person. See U.S. Department of Labor Biographical Sketch Details document for specific details on filling out this form.

DO NOT EXCEED THREE PAGES.

NAME:

DATE OF SUBMISSION:

POSITION TITLE:

PRIMARY ORGANIZATION & LOCATION:

PROFESSIONAL PREPARATION:

PREVIOUS ORGANIZATION(S) & LOCATION(S)	DEGREE (if applicable)	COMPLETION DATE* (YYYY-MM)	FIELD OF STUDY

APPOINTMENTS & POSITIONS (Most recent three):

START DATE – END DATE	APPOINTMENT OR POSITION TITLE, ORGANIZATION, & LOCATION

PROJECT WORK (Most recent three to four):

TITLE	PERIOD OF PERFORMANCE	ROLE	DESCRIPTION

Data Collection Instrument Disclosure with Record Retention Periods

OMB No.: 1290-0NEW

Expiration: TBD

CEO Form No.: ST-131

Public reporting burden for this form is estimated to average 2 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is required to obtain or retain benefits and will be retained for 60 days. You are not required to respond to this collection of information unless it displays a valid OMB control number. Please send comments regarding the burden estimate or any other aspect of this collection of information to the U.S. Department of Labor, OASP S-2218, 200 Constitution Ave NW, Washington, DC 20210 or STRUDL@dol.gov and reference OMB control number 1290-0NEW. **NOTE: Please do not send your completed form to this address.**