**Questionnaire for Nominees to Serve on the Tau Kappa Epsilon**

**Fraternity Grand Council (International Board of Directors)**

**and Members of the Judiciary and Investment Committees**

The following information is requested by Tau Kappa Epsilon Fraternity for use in connection with the nomination and election of persons to the offices indicated above. This questionnaire is being submitted to all such prospective Grand Officers and Committee Members.

Please answer all questions fully, using extra sheets of paper where necessary and entering "None" or "Not Applicable" where appropriate. After completing the questionnaire, please sign and date the questionnaire on the last page.

In case of doubt as to whether a particular matter should be reported, please report the matter. If it would be unduly burdensome to report the matter in writing, please contact the CEO.

The term “Affiliate” when used in connection with the Fraternity, includes Investors Fund, TKE Educational Foundation, TKE House Fund, and all undergraduate and alumni chapters, corporations, associations and clubs.

1. **Personal Data**. Please state:

(a) your full name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) your birth date and place of birth

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(c) your current address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(d) all positions that you presently hold, and have held in the past, with the Fraternity and any Affiliate of the Fraternity, including committee memberships

|  |  |  |
| --- | --- | --- |
| Position Held | From | To |
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2. **Business Experience**. In the following table, please give a brief description of your business experience or employment history during the last five years, including the nature of the experience or employment, titles, dates (month and year) involved, and name and principal businesses of your employers.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time Period (Mo. / Yr.)  From - To | Nature of Employment or Experience | Titles Held (including dates) | Name of Employer | Business of Employer |
|  |  |  |  |  |
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|  |  |  |  |  |

3. **Legal Proceedings**. Please answer the following questions:

(a) Has a petition under the Bankruptcy Act or any state insolvency law ever been filed by or against, or a receiver been appointed for, your business or property or any partnership, corporation, or business association in which you were a general partner or executive officer?

\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

(b) Has a petition under the Bankruptcy Act or any state insolvency law ever been filed by or against, or a receiver been appointed for, you individually?

\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

(c) Have you ever been the subject of a garnishment order, or have your wages ever been garnished or otherwise withheld due to Court action (voluntary, through mediation, or involuntary) or other legal proceedings?

\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

(d) Have you ever been convicted of a felony or any crime involving moral turpitude, or are you the subject of a pending criminal proceeding?

\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

(e) Are there any outstanding judgments against you?

\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

(f) Have you ever been the subject of any order, judgment, or decree of any court or federal or state agency, permanently or temporarily barring, suspending, or otherwise limiting the following activities:

(i) acting as a doctor, lawyer, CPA, broker, investment adviser, affiliated person with a bank or insurance company, or any similar positions involving trust and confidence; or

\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

(ii) engaging in any type of business practice.

1. \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

(g) Have you ever been declared mentally incompetent or been committed (either voluntarily or involuntarily) to a mental health treatment facility?

\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

1. Do you, or have you, suffered from a mental condition which might, in any way, affect your performance as an officer or committee member for the Fraternity or any Affiliate of the Fraternity?

\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

If the answer to any question is “Yes,” please describe in detail.

4. **Transactions with Fraternity or Affiliates**. During the past five years, have you, any of your associates, or any member of your family had any interest, direct or indirect, in any transaction or proposed transaction (including contracts, leases, real estate purchases, mortgages, etc.) to which the Fraternity or any Affiliate of the Fraternity was, is, or is proposed to be, a party?

\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

If "Yes," describe briefly the nature of such transactions, giving the monetary amount involved, and, if it involves one of your associates or members of your immediate family, the name of such associate or family member and the relationship of such associate or family member to you.

5. **Legal Proceedings Involving the Fraternity or Affiliates**. Please answer the following questions.

(a) Do you or any of your associates have an interest, direct or indirect, in any legal proceeding to which the Fraternity or any Affiliate of the Fraternity is or might be a party, or of which any of the property of the Fraternity or any Affiliate of the Fraternity is or may be the subject?

\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

(b) Have you, any of your associates, or any member of your family been involved as a party or as counsel in any litigation against the Fraternity or any Affiliate of the Fraternity at any time?

\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

If "Yes," please describe in detail.

6. **Other Disclosures**. Please disclose any other relationship, interest, or any other information of any sort, which might affect your ability to fully, faithfully, and in an unbiased manner, exercise your fiduciary responsibilities toward the Fraternity or any Affiliate of the Fraternity.

7. **Consent of Nominee**.

(a) Do you consent to being named as a nominee for election as a Grand Officer or Committee Member in materials that may be prepared, published and disseminated by the Fraternity?

\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

(b) If elected, do you agree to serve in such capacity?

\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

(c) Do you consent to the Fraternity’s conduct of a background check to verify the accuracy and completeness of the foregoing information?

\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

The answers to the questions asked in this questionnaire, together with any information included in any attachments, are true and complete to the best of my knowledge, information, and belief. I understand that the information that I am furnishing will be relied upon by the Fraternity in connection with the position I am seeking. **I will promptly notify the Fraternity of any changes in the foregoing information.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed Name)

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(Date)