



BOARD OF TRUSTEES

Dianne M. Rozak

John Paul Dress

David M. Hirt

FISCAL OFFICER

Carolyn Adams

APPOINTED POSITION APPLICATION

(Please check all positions you are interested in.)

Zoning Commission <input type="checkbox"/>	Board of Zoning Appeals <input type="checkbox"/>	Other <input type="checkbox"/>
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Name: _____

First

Last

Middle Initial

Address: _____

Number

Street

City, State Zip

Home Phone: () _____ Business () _____ ext. _____ Cell () _____

Email: _____

Current/Last Employer

Employer's Name and Address: _____

Title or Position Held: _____

Date of Employment: Hire Date: _____ End date: _____

Other Appointed Positions Held (Use separate sheet of paper if necessary.)

Position	Dates Served	Term
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Position	Dates Served	Term
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Provide an explanation as to why this appointment position is of interest to you and what you can bring to the Board. _____

List qualifications, special skills and/or work experiences that you feel are relevant to the appointed position:

List any professional and/or civic licenses, certifications or affiliations and any leadership role(s) that you have been involved with. _____

If you were appointed to this position, what goals or objectives would you want to attain or implement?

How much available time do you have to offer? _____

Would you attend training for this voluntary position? Yes ____ No ____

Please list other current commitments you have: _____

Do you regularly travel during the year for any extended time? Yes ____ No ____

If yes, please explain: _____

Have you ever been convicted of a felony or misdemeanor? If yes, please explain: _____

Please feel free to submit a cover letter expressing your interest to serve on one of these boards as well as any other qualifications you feel you have that are not addressed by this application.

Applicant's Signature

Date

DO NOT WRITE BELOW THIS LINE
FOR INTERNAL USE ONLY

Recommendation/Comments: _____

Application Reviewed By (Initials): _____

Appointment Approved By: _____

Compensation: Y____ N____ Amount \$_____

Reappointment: Start Date _____ End Date _____

New Appointment: Start Date _____ End Date _____

Replacement Appointment: Start Date _____ End Date _____

Replacing Board Member: _____

Confirmation Packet Given/Sent: Date _____

Notification to Trustees, Chairs and Members: Date _____