DDRESS:	NAME OF APPL	ICANT:		
Street City/State Zip Code ELEPHONE:		First	Middle	Last
Street City/State Zip Code ELEPHONE:	ADDRESS:			
MAIL:			City/State	Zip Code
MAIL:	FLEPHONE			
POINTMENT APPLYING FOR:		Mobile	Work	Home
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	f yes, please ident	ify:		
ommittee, commission, or board for which you are applying? Yes No				you from serving on the

If yes, provide details:

Monclova Twp Public Volunteer /Craig/2008

EDUCATION:		
High School:		
Post-Secondary Education	:	
EMPLOYMENT HISTO	DRY:	
Present Employer:		
Title, Duties:		
Dates of Employment:		
Previous Employment:		
Employer	Position	Date Range of Employment
Employer	Position	Date Range of Employment
REFERENCES:		
List three individuals not i	related to you who have personal ki	nowledge of your qualifications for this appointment
Name	Address	Contact Number
Name	Address	Contact Number
Name	Address	Contact Number

APPLICATION FOR A PUBLIC VOLUNTEER, COMMITTEE, COMMISSION, OR BOARD APPOINTMENT

STATEMENT:

Please provide a brief statement as to why you feel you are qualified for this appointment.

Are you aware of any circumstances that exist or could exist that, as stewards of public trust, would create a conflict of interest if you are appointed to the board you are seeking service on? Yes No

If yes, please explain the circumstance:

Please include any other information that you feel would be of importance to the Board of Trustees in the selection process.

I certify that the statements made by me in the application are truce, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statement will void this application and any actions based upon it.

SIGNATURE OF APPLICANT

Please submit this form to Monclova Township Administrative Offices, 4335 Albon Road, Monclova OH 43542. Upon review, additional information may be asked of you.

DATE