## APPLICATION FOR BOARD APPOINTMENT BARTON COUNTY - 1400 MAIN - ROOM 107 GREAT BEND, KANSAS 67530 - (620) 793-1800

## BARTON COUNTY COMMUNITY DEVELOPMENT ADVISORY BOARD – Accepting Applications until Positions are Filled

BCCDAB shall be an advisory board to the Board of Barton County Commissioners relative to economic and community development matters. The BCCDAB shall monitor the progress of the Barton County Strategic Plan and make suggestions to the Commissioners concerning the advancement and realization of the goals as set forth in said plan. Appointments made by Commission District where possible.

**TERM INFORMATION** 

	One Term – August, 2018 Two Terms – August, 2019		
		erms – August, 2020	
		7 tagast, 2020	
	PERSONAL INFORMATION	ON	
Name			
First	Middle	Last	
Any other names			
Maiden	Married		
Address			
Street	City, Sta	te, Zip Code	
Phone number Home			
Email			
Level of Education – Please list any degrees	EDUCATION INFORMATI s or certifications	ON	
List any subjects studied that would be perti	nent to this Board appointme	nt	
List qualifications and\or experience which v	EXPERIENCE INFORMAT would qualify you to serve on		
CC 1. Name, Address and Phone Number of O	DMMUNITY SERVICE EXPE	RIENCE	
Community Service Provided		Served As	

2. Name, Address and Phone Number of Organiz	ration	
Community Service Provided		Served As
3. Name, Address and Phone Number of Organiz	ation	
Community Service Provided		Served As
Please list four (4) references. Include one employ	REFERENCES  yer. Relatives may be inclu	ded.
Name	Relationship	Phone Number
	OTHER INFORMATION	
Are you related to any one currently employed by and position of the person to whom you are related		Board serves? If yes, please list the name
Are you currently or have you previously worked please explain how you could serve as a Board m a past employee, please explain how your relation	d for the agency for which ember and remain in emplo	this Board serves? If currently employed,
Α	ACKNOWLEDGEMENT	
I understand that by submitting this application, complete to the best of my knowledge. If appoint for dismissal. I authorize investigation of all state investigation of criminal background. I understa individual will be rejected for any Board appointr handicap or marital status. This application for ap of applications will not be accepted. Applications period in order to be considered. Applications will	ted to any board, falsified sements contained in this apoint that Barton County is a ment because of race, colopointment must be an original must be received by the containing the containing that is the containing the containing that is the containing	tatements on this application will be grounds oplication as may be necessary, including an an Equal Opportunity Employer and that no or, religious creed, national origin, sex, age, nal, signed and dated to be valid. Fax copies closing date and time of the open application
Signature	<u>-</u>	Date