

**APPLICATION FOR BOARD APPOINTMENT
BARTON COUNTY - 1400 MAIN - ROOM 107
GREAT BEND, KANSAS 67530 - (620) 793-1800 or TOLL FREE 1-877-419-7171**

**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

_____ Two Full Terms – August, 2019

PERSONAL INFORMATION

Name _____

First

Middle

Last

Any other names _____

Maiden

Married

Address _____

Street

City, State, Zip Code

Phone number _____

Home

Work

Email _____

EDUCATION INFORMATION

Level of Education – Please list any degrees or certifications

List any subjects studied that would be pertinent to this Board appointment

EXPERIENCE INFORMATION

List qualifications and/or experience which would qualify you to serve on this Board:

COMMUNITY SERVICE EXPERIENCE

1. Name, Address and Phone Number of Organization

Community Service Provided _____ Served As _____

2. Name, Address and Phone Number of Organization

Community Service Provided _____ Served As _____

3. Name, Address and Phone Number of Organization

Community Service Provided _____ Served As _____

REFERENCES

Please list four (4) references. Include one employer. Relatives may be included.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER INFORMATION

Are you related to any one currently employed by the agency for which this Board serves? If yes, please list the name and position of the person to whom you are related.

Are you currently or have you previously worked for the agency for which this Board serves? If currently employed, please explain how you could serve as a Board member and remain in employment without having a conflict of interest. If a past employee, please explain how your relationship with the agency ended.

ACKNOWLEDGEMENT

I understand that by submitting this application, I am certifying that the facts contained in this application are true and complete to the best of my knowledge. If appointed to any board, falsified statements on this application will be grounds for dismissal. I authorize investigation of all statements contained in this application as may be necessary, including an investigation of criminal background. I understand that Barton County is an Equal Opportunity Employer and that no individual will be rejected for any Board appointment because of race, color, religious creed, national origin, sex, age, handicap or marital status. This application for appointment must be an original, signed and dated to be valid. Fax copies of applications will not be accepted. Applications must be received by the closing date and time of the open application period in order to be considered. Applications will be accepted only during open application periods.

Signature _____ Date _____