

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