**SWANCREEK TOWNSHIP TRUSTEES**

**FULTON COUNTY, OHIO**

**APPLICATION**

FOR

APPOINTMENT TO BOARD OR COMMISSION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| For consideration for a Board or Commission of Swancreek Township you must be a Swancreek Township resident: ORC 519.13 & ORC 519.14 | | | | | |
| **Date:** | | | | | |
| **Name** |  |  | |  | |
| First Name | | Middle Initial | | Last Name | |
| **Address** |  | |  | |  |
|  | Street | | City/State | | Zip Code |
| **Telephone** |  | |  | | |
|  | Home | | Cell | | |
| **Email Address** |  | | | | |
| **Appointment or Position**  **Applying for** |  | | | | |

**CONTACTS:**

**1.** Are you related to any current employee of Swancreek Township (Circle) NO YES

|  |  |  |
| --- | --- | --- |
| If yes give name and position. |  |  |

**2.** Are you related to any member of the board, or commission for whom you are applying? (Circle) NO YES

|  |  |  |
| --- | --- | --- |
| If yes give name and position. |  |  |

**3.** Do you serve on any other public or not-for- profit board or commission? (Circle) NO YES

|  |  |  |
| --- | --- | --- |
| If yes , please identify |  |  |
|  | |  |

**4. EDUCATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| High School |  | | Graduation Date |  |
| Post High School Education | |  | | |

If applying for a position requiring such, do you have a valid CDL \_\_\_\_Yes \_\_\_\_No Class\_\_\_\_\_\_\_

**5. MILITARY HISTORY:**

|  |  |  |  |
| --- | --- | --- | --- |
| Branch of Service |  | Discharge Date |  |
| Highest Rank |  | | |

**6. EMPLOYMENT HISTORY:**

**FORMER EMPLOYERS (List below your last three employers, starting with last one first)**

|  |
| --- |
| Name & Address Employer |
| Starting Date Leaving Date |
| Weekly Starting Salary Weekly Final Salary |
| Job Title |
| Description of Work |
| Name & Title of your Supervisor? Phone Number |
| May we contact your Supervisor? |

|  |
| --- |
| Name & Address Employer |
| Starting Date Leaving Date |
| Weekly Starting Salary Weekly Final Salary |
| Job Title |
| Description of Work |
| Name & Title of your Supervisor? Phone Number |
| May we contact your Supervisor? |

|  |  |
| --- | --- |
| Name & Address Employer | |
| Starting Date Leaving Date | |
| Weekly Starting Salary Weekly Final Salary | |
| Job Title | |
| Description of Work | |
| Name & Title of your Supervisor? Phone Number | |
| May we contact your Supervisor? |  |

**7. REFERENCES:**

List 3 persons not related to you who have definite personal knowledge of your qualifications for this position

|  |  |  |
| --- | --- | --- |
| Name | Address | Phone number |
|  |  |  |
|  |  |  |
|  |  |  |

**8. STATEMENT:**

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

|  |
| --- |
|  |

**9. STATEMENT:**

Please include any other information here that you feel would be of importance to the township trustees in the selection process.

|  |
| --- |
|  |

**10. STATEMENT:**

Are you aware of any circumstances that exist that would create a conflict of interest or the appearance of a conflict of interest if you are hired for employment or appointed to this board or commission?

(Circle) NO YES

|  |
| --- |
| If yes, please explain: |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

|  |  |  |
| --- | --- | --- |
| **Signature of Applicant:** |  | **Date**: |

Complete and Email or Mail to:

Swancreek Township Trustees

5565 County Road D

Delta, Ohio 43515

Phone: 419-822-4371

Email: office.mail2@swancreektwp.org