SWANCREEK TOWNSHIP TRUSTEES

FULTON COUNTY, OHIO

APPLICATION FOR A PUBLIC COMMITTEE, COMMISSION, OR BOARD 5565 County Road D Delta, Ohio 43515



You can print this form					
Please note that you can t	ab from one field to the	e next			
NAME					
Fir	First Middle Last		Last		
ADDRESS					
	G		G: 1/G: 1		7' 0 1
	Street		City/State		Zip Code
TELEPHONE					
	Home		Cell		
EMAIL ADDRESS					
APPOINTMENT					
APPLYING FOR:					
CONTACTS:					
. Are you related to	any current emplo	yee of Swancreek To	wnship (C	Circle) NO	YES
If yes give name					
and position.					
• • • • • • • • • • • • • • • • • • •				d Caran latala	
2. Are you related to		e committee, commis	sion, or board	tor which	you are applying?
	YES I		<u> </u>		
If yes give name and position.					
and position.					
. Do you serve on a	ny other public or n	ot-for- profit commit	tee. commiss	ion, or boa	rd?
	YES	oc ioi prome commin			
If yes, please					
identify					
•					
EDUCATION:	1				1
High School			Graduation 1	Date	
Post High School Ed	ucation				

MILITARY HISTOR	KY:					
Branch of Service			Discharge Date			
Highest Rank						
EMPLOYMENT HIS	STORY:					
Present or last employer						
Your title and duties						
Dates of Employmen	t					
List relevant work ex	perience:					
REFERENCE:	ted to you w	vho have definite personal kn	owledge of your qualif	ications for this position		
Name	ica io you w	who have definite personal knowledge of your qualifications for this position Address Phone number				
Tturre		7 Iddi 655		none number		
STATEMENT: Please provide a brief	statement as	s to why you feel you are qua	lified for this appointm	ent.		

STATEMENT:	
Please include any other information here that you feel would be of importance to the township trustee	s in the
selection process.	
STATEMENT:	
Are you aware of any circumstances that exist that would create a conflict of interest or the appearar	nce of a
conflict of interest if you are appointed to this committee, commission, or board?	
(Circle) NO YES	
If yes, please explain:	
I certify that the statements made by me in this application are true, complete, and correct to the best of	fmv
knowledge and belief and are made in good faith.	1 1119
Signature of Applicant:	
Complete and Email or Mail to:	
Swancreek Township Trustees	
5565 County Road D	
5505 County Rough	

Delta, Ohio 43515

Phone: 419-822-4371

Email: office.mail2@swancreektwp.org