



**SWAN CREEK TOWNSHIP TRUSTEES
FULTON COUNTY, OHIO
APPLICATION
FOR**

APPOINTMENT TO BOARD OR COMMISSION

For consideration for a Board or Commission of Swan Creek Township you must be a Swan Creek 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 Swan Creek 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?	

Are you currently on "lay-off" status and subject to recall?

___ Yes

___ No

Can you travel if a job requires it?

___ Yes

___ No

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 employment or 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:
Swanecreek Township Trustees
5565 County Road D
Delta, Ohio 43515
Phone: 419-822-4371
Email: chris@swanecreektwp.org