

DELAWARE COUNTY APPOINTED POSITION APPLICATION

APPOINTED POSITION TITLE _____

NAME: _____
Last First Middle Initial
ADDRESS: _____
Number Street City State Zip
HOME PHONE: () _____ BUSINESS PHONE: () _____

EDUCATION

Institution	Degree

CURRENT EMPLOYER

Employer's Name and Address: _____
Title or Position Held: _____
Date of Employment: From: _____ To: _____

OTHER APPOINTED POSITION(S) HELD (Use separate sheet of paper if necessary.)

_____	_____	_____
Position	Dates Served	Term
_____	_____	_____
Position	Dates Served	Term

Provide an explanation as to why this Appointment Position is of interest to you and what you can bring to the Board.

List qualification, special skills and/or work experiences that you feel are relevant to the Appointed Position.

(please complete other side)

List any professional and/or civic licenses, certifications or affiliations and any leadership role(s) that you are involved with or have been involved with.

If you were appointed to this position, what goals or objectives would you attain and/or implement?

Have you ever been convicted of a felony or misdemeanor? If yes, please explain:

Please list three (3) references.

Name	Address	Telephone #	Relationship Affiliation

Signature _____

Date _____

**DO NOT WRITE BELOW THIS LINE
FOR INTERNAL USE ONLY**

Application Reviewed By:

Initials/Date

Initials/Date

Initials/Date

Resolution Number: _____

Appointment Approved By:

Initials/Date

Initials/Date

Initials/Date

New Term To Begin:

Start Date _____

End Date _____

Replacement Appointment:

Start Date _____

End Date _____

Replacing: _____

Reappointment:

Start Date _____

End Date _____

Compensation:

() Yes

() No

Amount \$ _____

Notice of Confirmation Sent

() Yes

Date _____

Notification to Chairperson and Members

() Yes

Date _____

Additional Comments: _____