

Previous employment (list employers, position, dates of employment)

REFERENCE:

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

| Name | Address | Telephone |
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STATEMENT:

Please provide a brief statement as to why you feel you are qualified for this appointment. If you are seeking re-appointment, please indicate what your contributions have been to the committee/commission during the time of your service. For re-appointment, please state your meeting attendance history.

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

Are you aware of any circumstances that exist or could exist that would create a conflict of interest or the appearance of a conflict of interest if you are appointed to this board? 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 my knowledge and belief and are made in good faith. I understand that any false statements will void this application and any actions based on it.

SIGNATURE OF APPLICANT _____ DATE _____

Please return completed form to:
Sylvania Township Administrator
4927 Holland-Sylvania Road
Sylvania, OH 43560