

# APPLICATION FOR TRUSTEE

## Personal Information

Date \_\_\_\_\_

Name (Last Name First)

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Present Address

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Phone (Home)

(Cell)

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## Education History

High School/Name and Location of School

Did you graduate?

Subjects Studied

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College/Name and Location of School

Did you graduate?

Subjects Studied

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Trade, Business or Correspondence School

Name and Location of School

Did you graduate?

Subjects Studied

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## General Information (Subjects of Special Study/Research Work or Special Training or Skills)

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## Employment (List the four Employers, starting with the last one first)

Date to/From

Name and Address of Employer

Position

Reason for Leaving

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**References** (Please provide the names of three persons not related to you, whom you have known at least one year.)

Name	Phone	Years Known
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Statement of Interest** (In 100 words or less, please state why you are interested in serving on the Merino Town Board.)

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**Authorization**

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if appointed, falsified statements on this applications shall be grounds for termination of appointment.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the Town of Merino from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the Town of Merino has the authority to enter into any agreement for appointment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is voted upon at a regular or special meeting of the Merino Town Board of Trustees and recorded as such in the minutes of said meeting.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Date \_\_\_\_\_ Signature \_\_\_\_\_