City of Guyton Commission, Authority, Committee, and Board General Application for Appointment

Name:	Date:	
Address:	Home Phone:	
City/Zip:	Work Phone:	
E-Mail Address:		
Are you a City resident?Yes	No If yes, how long?	
Board/Commission/Authority/Committee	Applied For:	
New Appointment: Reappointmen	t:	
Please list any current membership(s) you	u have on any City of Guyton Board,	
Commission, Authority, or Committee:		
How long have you served on the above		
The City encourages all interested parties	s to attend one or more meetings of the	
board, commission, authority, or commit	tee for which they are seeking	
appointment. Have you attended any med	etings?yes no	
If so, how many?		
Name/address of employer:		
Occupation:	-	
Educational background:		
Professional experience:		
Community service/civic organization aff	iliations:	

In what ways do you think you can contribute to the primary mission of the		
organization to which you are requesting to be appointed?		
What specific skills, knowledge, and abilities do you possess that would contribute		
to the organization to which you are requesting to be appointed?		
What areas do you feel may be improved in this organization?		
Why are you seeking this appointment?		
Do you agree to abide by the attendance policy listed below?Yes No Attendance policy: if any member fails to attend two (2) of three (3) successive meetings or three (3) meetings within a calendar year without cause and without prior approval of the chairperson, the board, commission, authority, or committee shall declare the member's seat vacant, and the mayor and council shall promptly appoint a replacement.		
Have you been convicted of a criminal offense against the law within the last ten (10) years or are you now under charges for any offense against the law, either a felony or a misdemeanor? Yes No		
If yes, give complete details below. Criminal record: (felonies, misdemeanors) charge date location disposition note: a conviction will not necessarily disqualify a person from appointment. Each conviction will be judged on its own merit with respect to time, circumstance and seriousness related to the appointment applied for.		
I certify that the answers given herein are true and complete to the best of my		

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for appointment as may be necessary in arriving at a decision for appointment to a City of Guyton board, commission, or committee. I understand that false

information given in my application will result in disqualification from consideration. My signature on this form confirms that I have read and acknowledge all of the enclosed information, and that I am willing to commit the time required to fulfill the responsibilities of the appointment I am requesting. My signature also confirms that I authorize the City of Guyton to conduct a criminal history background check and I understand the purpose and responsibilities of the organization for which I am applying for appointment.

Applicant's Signature _	
Date	