

TOWN OF HARTFORD
171 BRIDGE STREET
White River Jct., VT 05001
802-295-9353 (Tel.) 802-295-6382 (Fax)
PLEASE PRINT LEGIBLY OR TYPE

ADVISORY BOARD/COMMISSION APPLICATION

Application for ___ appointment(s) or ___ re-appointment to: _____

I. APPLICANT DATA:

Name: _____

Address: _____

Telephone: (Home) _____ (Work) _____ (Other) _____

Email Address: _____

How long have you been a Hartford resident? _____

Are you a registered voter? _____

II. EDUCATION:

High School: _____ Year Graduated: _____

College 1: _____ Degree Earned: _____

Course of Study: _____ Year: _____

College 2: _____ Degree Earned: _____

Course of Study: _____ Year: _____

III. WORK HISTORY:

Please list Employer name & address (most recent first)	Dates of Employment	Position held	Job duties
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IV. PROFESSIONAL EXPERIENCE:

- a. If you were appointed to a board or commission which meet in the evenings, how many nights a month could you serve? Please provide days of the week which you are generally available. Would you be available for evening meetings? _____

- b. Why do you desire to serve on this advisory board/commission, and what skills/training can you contribute? _____

- c. What are your past experiences in Municipal, State or Federal Government? _____

- d. What civic or social organizations have belonged to and what positions did you hold? _____

- e. What do you perceive as areas of need in the municipality which could be addressed by either the administration or one of the advisory boards/commissions? _____

- f. What might some solutions be? _____

- g. Other hobbies/interests: _____

V. REFERENCES: (Please list three)

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

APPLICANTS SIGNATURE

DATE