

Application for Appointment to Board or Commission

Applicant Information									
Full Name:				Date:					
	Last	First	t	M.I.					
A 1.1									
Address:	Street Address			Apartment/Unit #					
	Oli Coli Addi Coo			Apaitment on t					
	City			State ZIP Code					
Phone:				Email					
Board or Commissior Applying for									
Are you at le	east 18 years of age?	YES	NO	YES NO Are you a resident of the City of Tarrant?					
	erved on any similar board or previously?	YES	NO	If yes, please indicate the name(s) and dates					
Have you ever served an officer on any similar board or commission?		YES	NO						
If yes, pleas indicate title and dates h									
		Rea	ison	for Applying					
Please outli	ne your reasons for applying fo	r this apr	oointm	ent. Attach additional information, if necessary.					

College/ Trade: Location: From: To: Did you graduate? YES NO Degree: Degree: Dectoral: Location: From: To: Did you graduate? YES NO Degree: Dectoral: Location: Degree: Dectoral: Location: Location: Degree: Degree	Education								
To:	High School:		Location:						
Trade:	From:	To:			Diploma:				
Masters:	College/ Trade:		Location:						
To:	From:	To:	YEDid you graduate?	S NO	Degree:				
From: To: Did you graduate? Degree:	Masters:		Location:						
From: To: Did you graduate?	From:	To:	YEDid you graduate?	S NO	Degree:				
From: Did you graduate? Degree:	Doctoral:		Location:						
Employment Information loyment Jis: Title: pany: Phone: Phone: Pees:	From:	To:	YEDid you graduate?	S NO	Degree:				
Employment Information loyment us: Title: pany: pess: Phone:		-	Qualifications fo	or Positi	ion				
loyment los: Fitle:									
Title: pany: Phone: ess:			Employment In	formation	on				
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ress:	Title:								
	pany:				Phone:				
ponsibilities:	ress:				<u> </u>				
	sponsibilities:								

Equity and Inclusion								
Please describe your experience with engaging with people of all ethnicities, socioeconomic backgrounds as well as								
those with physical/mental disabilities: Attach additional information, if necessary.								
Signature								
Signature:	Date:							

Please attach resume along with the completed application.