



Town of Smyrna

Application for Committee, Commission, or Board appointment

Section 1 – Basic Information

Full Name: _____
(prefix/title, last, first, middle initial, suffix/designation)

Address: _____
(must be a resident within town limits)

Cell #: _____ Home # (if applicable): _____

Email: _____

Council District: 1 2 3 (circle one) Registered to vote: Yes | No (circle one)

Please list any elected or appointed office that you currently hold under the government of the United States, the State, County, or City: _____

Section 2 – Employment experience

Provide your professional work history, most recent to least recent

Employer/Company: _____

Position/Title: _____

Start / End Employment Dates: _____

Brief description of duties and responsibilities: _____

Employer/Company: _____

Position/Title: _____

Start / End Employment Dates: _____

Brief description of duties and responsibilities: _____

Other Relevant Employment Experience:

Section 3 – Professional Licenses and Certificates

(Leave blank if not applicable)

License/Certificate: _____

Date issued: _____ Date expired: _____

Status (active, inactive, pending): _____

Other Relevant Professional License(s) or Certificate(s): _____

Section 4 – Education

Provide all applicable educational background.

High School: _____

Year completed: _____

College/Institution: _____

Certificate, diploma, or degree: _____

Dates attended: _____

Advanced/Other: _____

Institution(s): _____

Certificate, diploma, or degree: _____

Dates attended: _____

Section 5 – Organizations/Society Memberships, Community/Volunteer Experience

List all organizations and societies of which you have been, or are currently, affiliated.

Organizational Name

Year(s) Served

Positions Held (if applicable)

Section 6 – Social Media

Platform Used

Username

Section 7 – Questionnaire

Name of the Committee, Commission, or Board which you are interested in joining:

Briefly explain why you wish to serve on this Committee, Commission, or Board and any specific skills or experience you have that will enhance your candidacy: _____

Do you have any potential conflicts of interest, (personal, professional or financial), that could require you to recuse yourself from fully serving a Committee, Commission, or Board for which you are applying? Conflicts include but not limited to ethical, fiscal, and/or professional affiliations, including personal businesses, that provide a direct or indirect, real or perceived conflict. If yes, please explain.

___ no

___ yes: _____

Have you ever been registered or served as a lobbyist, paid or unpaid, with the State of Delaware or any government organization? If yes, please list the organizations you represented.

___ no

___ yes, organizations: _____

Please list three references that are not related to you and would be able to speak to your ability to serve on this Committee, Commission, or Board.

Name	Phone # / Email	Relationship
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Section 8 – Acknowledgments

I acknowledge that I am in good financial standing with the Town of Smyrna, which includes being current on all taxes, utilities, and other obligations owed to the Town.

I acknowledge that applications are public documents and are subject to disclosure under the Freedom of Information Act, (FOIA), of the State of Delaware.

I acknowledge that if appointed, my personal information, (name, phone number, and address) may be available to the press and public.

I acknowledge that if appointed, I am giving my commitment to actively fulfill my assigned duties.

I certify that the information submitted in this application is true to the best of my knowledge and recognize that if any of the information included in this application is false, my application may be disqualified from consideration. If any information in this application changes during the consideration process or during my term, if appointed, I agree to submit the updated information to the Town Manager’s Office to be appended to my application as soon as possible.

Signature: _____

Date: _____