

# Town of Caroline



## RETURN TO:

Town of Caroline Clerk  
P.O. Box 136  
Slaterville Springs, NY 14881

## APPLICATION AND RESUME

*Please type or print*

If you are interested in serving as a member of an advisory group, please complete the form below. Please attach additional sheets if necessary. You may be called for an interview and you may wish to attend a meeting of the advisory group if you have not yet done so. Please call the Town Supervisor at 539-3395 if you have any questions.

Name \_\_\_\_\_ Date of application \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Length of residence in Town of Caroline \_\_\_\_\_ email \_\_\_\_\_

Telephone \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Occupation(s)/place of business \_\_\_\_\_

Education \_\_\_\_\_  
*(schools/degrees/specialties)*

Why are you interested in this position? \_\_\_\_\_

What particular strengths would you bring to this position? \_\_\_\_\_

Experience and community affiliations \_\_\_\_\_

Recommended by \_\_\_\_\_  
*name and telephone number(s) (If self, give two references; if another individual, give name and telephone number(s), references optional; if organization, give name, contact person, and telephone number, references optional.)*

References (1) \_\_\_\_\_  
*name, address, and telephone number*

(2) \_\_\_\_\_  
*name, address, and telephone number*

Type of appointment \_\_\_\_\_ Replacing \_\_\_\_\_  
*new or reappointment*

Designation \_\_\_\_\_ Term expiration date \_\_\_\_\_  
*Do you represent a specific area or constituency?*

*Office use only*

Board committee recommendation \_\_\_\_\_ Date \_\_\_\_\_

Board appointment date \_\_\_\_\_ Appointment letter mailed date \_\_\_\_\_