## **Town of Geneva**

N3496 Como Road Lake Geneva, WI 53147 (262) 248-8497 Fax (262) 249-8873

## COMMITTEE APPOINTMENT APPLICATION

Desired Committee:			
Lake Como Sanitary District Bo	oard		
Lake Committee	oard Park Commission		
Police Commission	Plan Commission		
Name			
Address			
City, State, Zip	dont		
Are you a full- or part-time resident			
Home Phone	Cell		
E-Mail Address			
Social Security Number			
Are you currently employed and	d if so, where		
Name			
City			
Length of Employment	Full or Part-time		

Education: H	igh School Years/C	BED	
Diploma	College Years	Trade	Years
	n convicted of a fe		, if so, when
Would you be	willing to be finge	erprinted?	
References:			
1) Name		Phone	
knowledge and under ground for dismissal herein and the referen company from all lial I also understand that will comply with its p	ts contained in this applications that, if appointed, false from the committee. I authorizes and employers listed to bility for any damage that must the Town of Geneva adheropolicy as it pertains to Feder with Disabilities Act, Immitent in the Workplace.	ified statements on this orize investigation of all have, personal or other ay result from utilization es to all state and federal and State regulations	application shall be statements contained wise, and release the n of such information. I guidelines and that I concerning Open Meet-
Name		Date	