

Town of Geneva

N3496 Como Road
Lake Geneva, WI 53147
(262) 248-8497
ct@townofgeneva.wi.gov

COMMITTEE APPOINTMENT APPLICATION

Desired Committee:

Lake Como Sanitary District Board _____

Lake Committee _____ Park Commission _____

Police Commission _____ Plan Commission _____

Tourism Commission _____ Other _____

Name _____

Address _____

City, State, Zip _____

Are you a full- or part-time resident _____

Home Phone _____ Cell _____

E-Mail Address _____

Are you currently employed and if so, where _____

Name _____

City _____

Length of Employment _____ Full _____ or Part-time _____

Education: High School Years/GED

Diploma _____ College Years _____ Trade Years _____

Have you been convicted of a felony? _____, if so, when
and where? _____

Would you be willing to be fingerprinted? _____

References:

1) Name _____ Phone _____

2) Name _____ Phone _____

3) Name _____ Phone _____

Do you possess any special talents/interest or any other
contributing factors for the committee? _____

Authorization:

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if appointed, falsified statements on this application shall be ground for dismissal from the committee. I authorize investigation of all statements contained herein and the references and employers listed to have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand that the Town of Geneva adheres to all state and federal guidelines and that I will comply with its policy as it pertains to Federal and State regulations concerning Open Meeting Laws, American with Disabilities Act, Immigration Law Compliance, Equal Opportunity Policy, and Harassment in the Workplace.

Name

Date