

APPLICATION FOR BOARDS

Town of Manhattan

P.O. Box 96

207 S 6th St.

Phone: 406-284-3235, Fax: 406-284-2090

townofmanhattan@gmail.com

Name: _____ Date: ____/____/____

Address: _____

Town: _____ State: _____ Zip: _____

Phone (Home): _____ (Work): _____ (Other): _____

Are you a resident of Manhattan: _____ Length of residency in Manhattan: _____

Board or Committee for which you are applying: _____

Your current occupation: _____

Employer: _____

Employer address: _____

Have you previously served on a Government Board: _____

If so, which board?: _____ How long? _____

What are your relevant qualifications, objectives for membership, and related experience? (Attach additional information, such as a resume, if you prefer.): _____

References (Individual or Organization)

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____