

# Town of Nolensville

## Board/Committee/Commission Application

Identify Board, Committee, or Commission of Interest \_\_\_\_\_

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Boards/Committees/Commissions  
you currently serve: \_\_\_\_\_  
\_\_\_\_\_

Boards/Committees/Commissions  
you previously served: \_\_\_\_\_  
\_\_\_\_\_

Any protentional conflict of interest?      YES   NO  
     

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

If yes, explain: \_\_\_\_\_

How many years have you lived/  
owned a business in Nolensville? \_\_\_\_\_

Community Involvement and Activities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What knowledge and experience do you have that will be helpful in serving on the board, committee, or commission you have chosen?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate?    YES    NO  
                                         Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate?    YES    NO  
                                         Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate?    YES    NO  
                                         Degree: \_\_\_\_\_

## References

*Please list three professional of Business references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_

## Disclaimer and Signature

*I hereby affirm that the information provided on this application (and accompanying documents, if any) is true and complete to the best of my knowledge. I understand that falsified information of significant omissions may disqualify me and my application from further consideration for a Board, Committee, or Commission member appointment and may be considered justification for removal from any Board, Committee, or Commission if discovered at a later date.*

*I waive any right or privilege, privacy, and/or confidentiality I may have in the information provided by references or others whom I have indicated may be contacted.*

*I hereby understand and acknowledge that, unless otherwise defined by applicable law, any relationship with this organization is of an "at will" nature, which means that the Board, Committee, or Commission member may resign at any time and the Board of Commissioners may remove the Board, Committee, or Commission member at any time with or without cause. I understand also that I am required to abide by the Charter and Ordinances of the Town of Nolensville, the Constitution and Laws of the State of Tennessee and The Constitution and Laws of the United States of America.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach your resume. Thank you for your willingness to serve.