

MONCLOVA TOWNSHIP
4335 Albon Road
Monclova, OH 43542
www.monclovatwp.org
419-865-7862

**APPLICATION FOR A PUBLIC VOLUNTEER
COMMITTEE, COMMISSION OR BOARD
APPOINTMENT**

NAME OF APPLICANT: _____

	First	Middle	Last
ADDRESS: _____	_____	_____	_____
	Street	City/State	Zip Code

TELEPHONE: _____
Work, Mobile, Home, and Fax

EMAIL ADDRESS: _____

APPOINTMENT APPLYING FOR: _____

- You must be prepared to meet the time commitment of the position for which you are seeking:
- a. Board of Zoning Appeals, as needed on the second Monday of every month, 5:30 PM; an understanding of the Zoning Resolution and what qualifies for an exemption or variance is necessary.
 - b. Joint Economic Development Zone, third Thursday of the month, 5:15 PM
 - c. Zoning Commission, fourth Monday of the month, 5:30 pm for several hours. Additionally, you need to spend time preparing for the meeting through visiting sites, reviewing site plans and understanding the Zoning Resolution and Land Use Plan. Special meetings are not uncommon.
 - d. Joint Economic Development Districts (JEDD I & Airport) generally meet four times per year.

Are you a resident of the Monclova Township? Yes No

If yes, what period of time? _____

Are you registered to vote in Monclova Township? Yes No

If yes, what period of time? _____

Are you related to an employee of Monclova Township or any other member of a committee, commission or board for which you are applying? Yes No

If yes, please identify _____

Do you serve on any other public or not-for-profit boards? Yes No

If yes, please identify _____

Have you ever been convicted of a violation of any law that may disqualify you from serving on the committee, commission, board or agency for which you are applying? Yes No

If yes, provide details:

EDUCATION:

High School _____ **Date of Graduation** _____

**Post-High School
Education** _____

EMPLOYMENT HISTORY:

Present or last employer _____

Title/duties _____

Dates of Employment _____ **to** _____

Previous employment (list employers, position, dates of employment)

REFERENCE:

**List three persons not related to you who have personal knowledge of your qualifications for
this appointment**

Name Address Telephone

STATEMENT:

Please provide a brief statement as to why you feel you are qualified for this appointment.

Are you aware of any circumstances that exist or could exist that would create a conflict of interest if you are appointed to this board? Yes No

If yes, please explain _____

Please include any other information here that you feel would be of importance to the Board of Trustees in the selection process.

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements will void this application and any actions based on it.

SIGNATURE OF APPLICANT _____ **DATE** _____

Please submit a resume with this form and return to Monclova Township, Administrative Offices, 4335 Albon Road, Monclova, Ohio 43542 or as otherwise directed