

**CITY OF LA VERGNE
BOARD / COMMITTEE MEMBER APPLICATION**

Please choose which board / committee you would like to apply for: (Only choose one)

<u>Board Name</u>	<u>Normal Frequency of Meetings</u>
<input type="checkbox"/> Beer Board	As Needed
<input type="checkbox"/> Board of Zoning Appeals	Once a Month
<input type="checkbox"/> Construction Board of Adjustment and Appeals	As Needed
<input type="checkbox"/> Economic Development Advisory Committee	As Needed
<input type="checkbox"/> Employee Review Board	As Needed
<input type="checkbox"/> Greenway Advisory Committee	Once a Month
<input type="checkbox"/> Historical Preservation Advisory Committee	As Needed
<input type="checkbox"/> Library Board	Every other Month
<input type="checkbox"/> Parks & Recreation Advisory Committee	Once a Month
<input type="checkbox"/> Planning Commission	Once a Month
<input type="checkbox"/> Senior Citizen's Advisory Committee	Once a Quarter
<input type="checkbox"/> Stormwater Appeals and Advisory Board	As Needed
<input type="checkbox"/> Other _____	

APPLICANT INFORMATION

NAME: _____ Phone Number: _____

ADDRESS: _____ Work Phone: _____

_____ E-Mail Address: _____

What is the best time to contact you? Morning (8:00 a.m. - Noon) Afternoon (Noon - 4:30 p.m.)

What is the best way to contact you? Mail Phone E-Mail

EDUCATION AND TRAINING

	High School	Technical / Vocational	College / University	Graduate / Professional
School Name				
City, State				
Dates Attended (Mo./Yr.)	From: To:	From: To:	From: To:	From: To:
Years Completed	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Course of Study				
Receive a diploma? (Yes/No)				

EXPERIENCE

Current Occupation: _____

Please list any Professional or Occupational Experience that would apply to the Board or Committee you are applying for: _____

Municipal Boards / Committees on which you currently serve: _____

Municipal Boards / Committees on which you have previously served: _____

If you are appointed, will you have any potential conflict of interest? YES NO
If YES, what is the Conflict? _____

What are the reasons why you want to serve on the Board / Committee that you have chosen?

REFERENCES

Please list three (3) Professional or Business references.

	Name	Mailing Address	Years Known	Phone
1				
2				
3				

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 or significant omissions may disqualify me and my application from further consideration for a Board or Committee member appointment and may be considered justification for removal from a Board or Committee, if discovered at a later date.

I waive any right of 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 or Committee member may resign at any time and the Board of Mayor and Aldermen may remove the Board or Committee member at any time with or without cause. I understand, also, that I am required to abide by the Charter and Ordinances of the City of La Vergne, 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.