



**Town of West Warwick
BOARDS/COMMISSIONS/COMMITTEES
APPLICATION FORM**

DATE: _____ **NEW APPOINTMENT** _____ **REAPPOINTMENT** _____

BOARD/COMMISSION/COMMITTEE BEING APPLIED FOR: _____

(PLEASE PRINT) NAME: _____

FULL STREET ADDRESS: _____

MAILING ADDRESS (if different): _____

TELEPHONE NUMBERS:

HOME: _____ **BUSINESS:** _____ **CELL:** _____

PRESENT EMPLOYER NAME AND ADDRESS:

LENGTH OF EMPLOYMENT: _____

IF LESS THAN TWO YEARS, PREVIOUS EMPLOYER (Name & Address):

EDUCATIONAL BACKGROUND: _____

WORK EXPERIENCE RELATED TO POSITION BEING APPLIED FOR: _____

RE-APPOINTMENT MUST INCLUDE DATA ON ATTENDANCE OF PREVIOUS TERM: _____

PROVIDE A BRIEF EXPLANATION OF YOUR INTEREST IN THIS POSITION: _____

SIGNATURE OF APPLICANT: _____