



# APPLICATION FOR BOARDS

Town of Manhattan  
P.O. Box 96  
120 West Main  
Phone: 406-284-3235  
Fax: 406-284-6363

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: \_\_\_\_\_ - \_\_\_\_\_

PLEASE RETURN THIS FORM TO THE TOWN OFFICE AT THE ABOVE ADDRESS. *THANK YOU!*

