



## Boards and Commissions Interest Application

*Please fill this form out completely. This form is a public document and will be reviewed by the First Selectman's Office, Board of Selectmen, and Town Clerk and could be subject to a Freedom of Information Act (FOIA) request. Please ensure that all information is true and accurate.*

**Date:** \_\_\_\_\_

New Application \_\_\_\_\_ Appointment Renewal \_\_\_\_\_

Which Board or Commission are you applying for: \_\_\_\_\_

### **PERSONAL INFORMATION:**

Name: \_\_\_\_\_

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

Past Residencies during the last five (5) years (by town only): \_\_\_\_\_

\_\_\_\_\_

Cell: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Registered Voter: \_\_\_\_ Yes \_\_\_\_ No

Political Affiliation: \_\_\_\_\_

Last Election Voted (Month/Year): \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Business/Employer: \_\_\_\_\_

Position/Title: \_\_\_\_\_

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

Past Employment during the last five years: \_\_\_\_\_

\_\_\_\_\_  
Position(s) held: \_\_\_\_\_

\_\_\_\_\_  
Education: \_\_\_\_\_ Institution: \_\_\_\_\_

(Degree, Year Awarded)

Military Service:

\_\_\_\_\_

(Branch)

(Dates of Service)

\_\_\_\_\_

(Type of Discharge)

(Highest Rank Held)

Current membership in Civic, Fraternal, or Community Organizations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have sources of income beyond that of your salary or that of your spouse? If so, explain:

\_\_\_\_\_

Are you, your spouse, or any of the businesses with which you or your spouse are currently associated with the subject of an active or pending criminal investigation by any law enforcement or regulatory agency, including the Internal Revenue Service (IRS)?

\_\_\_\_\_Yes \_\_\_\_\_No

Do you or your spouse owe taxes of any kind that are past due to any government agency?

\_\_\_\_Yes \_\_\_\_No If yes, please explain: \_\_\_\_\_

Are you, your spouse, or other relative the principal of a company contracting with the Town of Beacon Falls?

\_\_\_\_Yes \_\_\_\_No If yes, please explain: \_\_\_\_\_

Are you, your spouse, or another family member a current or former employee with the Town of Beacon Falls? \_\_Yes \_\_\_\_\_No

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

**REFERENCES:**

Please list three references (excluding relatives) who have known you well for the last five years:

\_\_\_\_\_  
(Name) (Phone) (Email)

\_\_\_\_\_  
(Name) (Phone) (Email)

\_\_\_\_\_  
(Name) (Phone) (Email)

**For Office Use Only**

**First Selectman's Office:**

Application received: \_\_\_\_\_ Yes \_\_\_\_\_ No

Applicant reviewed for party affiliation: \_\_\_\_\_ Yes \_\_\_\_\_ No

Party affiliation: \_\_\_\_\_

Application sent to BOS members: \_\_\_\_\_ Yes \_\_\_\_\_ No

BOS vote: \_\_\_\_\_ Appointed \_\_\_\_\_ Declined

Date of Vote: \_\_\_\_\_

New member sent a welcome email that includes the following: \_\_\_\_\_ Yes \_\_\_\_\_ No

- Appointment Letter
- Meeting Schedule
- Ordinance for board
- Clerk information
- Roberts Rules of Order Cheat Sheet
- Upcoming meeting material should it be available.
- Code of Conduct Acknowledgement Form

Application sent to Town Clerk's Office: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Town Clerk's Office:**

Application received: \_\_\_\_\_ Yes \_\_\_\_\_ No

Office: \_\_\_\_\_

Name: \_\_\_\_\_

Term: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Sworn in by: \_\_\_\_\_

Title: \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_

Elected: \_\_\_\_\_ Appointed \_\_\_\_\_

Town Clerk's Signature: \_\_\_\_\_

Completed application sent to First Selectman's Office: \_\_\_\_\_ Yes \_\_\_\_\_ No

**First Selectman's Office:**

Completed application received: \_\_\_\_\_ Yes \_\_\_\_\_ No

Board and commission sheet updated with new member information: \_\_\_\_\_ Yes \_\_\_\_\_ No

New member added to the website board page \_\_\_\_\_ Yes \_\_\_\_\_ No

New member invited to Sharepoint \_\_\_\_\_ Yes \_\_\_\_\_ No

Code of Conduct Acknowledgement signed and filed \_\_\_\_\_ Yes \_\_\_\_\_ No