

# Town of Skowhegan

## Appointment Application

The Select Board shall not discriminate against an applicant based on religion, age, sex, marital status, race color, ancestry, national origin, sexual orientation or physical or mental disabilities. The Select Board may exclude from consideration any applicant with physical or mental disabilities only when the physical or mental handicap would prevent the applicant from performing the duties of the appointment and reasonable accommodation cannot be made.

The Select Board shall have final authority over the appointment of citizens to Boards, Committees, Commissions and Councils that are instruments of Town Government. The Select Board shall not appoint an applicant to a position for which the applicant will likely have a frequent or recurring conflict of interest.

**Which Board, Committee or Council are you applying for?**

\_\_\_\_\_

**If a full position is not available, are you willing to serve as an alternate?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Do you have previous experience on this board or committee?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Name:** \_\_\_\_\_ **Phone (H):** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Phone (C):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

Please tell us of any experience and/or training that might be useful in this position

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us the reason you are interested in applying for this position

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are currently employed, what is your position? \_\_\_\_\_

Name: \_\_\_\_\_ Applying for: \_\_\_\_\_

Are you a voting resident of the Town of Skowhegan? \_\_\_\_\_ Yes \_\_\_\_\_ No

The following have resident requirements:

Must be a voting resident of Skowhegan: Planning Board and Budget & Finance Committee

Must be a resident of Skowhegan or own/operate a business in Skowhegan: Skowhegan Economic Development Corporation Board

By signing this application for this position, the Applicant understands and agrees that the information contained in this application is required by law to be available for public viewing and agrees to hold the Town of Skowhegan harmless from any misuse of the application information by anyone viewing it. As a member of this board, committee or council, I approve the use of my e-mail and phone numbers on the Town's public sites and publications.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CLERK'S USE AFTER THE APPOINTMENT

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

Signed Code of Ethics: \_\_\_\_\_ Yes \_\_\_\_\_ No Date Signed: \_\_\_\_\_

Signed Oath: \_\_\_\_\_ Yes \_\_\_\_\_ No Date Signed: \_\_\_\_\_

Clerk's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return application to: Executive Secretary  
Town Manager's Office  
225 Water Street  
Skowhegan, Maine 04976