



Town of Black Mountain

160 Midland Avenue, Black Mountain, NC 28711

Phone (828) 419-9300 Fax (828) 669-4204

TDD 800-735-2962

www.townofblackmountain.org

The Town of Black Mountain Board of Aldermen has adopted this application for use by individuals interested in appointment to the Town's advisory boards and commissions. To ensure that your application will receive full consideration, please answer all questions **completely**. Incomplete applications will **NOT** be considered.

Return this application either in person, by mail/fax/email to: Town Clerk, Town of Black Mountain, 160 Midland Ave., Black Mountain, NC 28711. townclerk@townofblackmountain.org Fax (828)669-4204

Personal Information

NAME: _____ DATE: _____

PREFERRED NAME: _____

HOME ADDRESS: _____

MAILING ADDRESS (if different): _____

CITY, STATE and Zip: _____

Do you live inside the town limits of Black Mountain? Yes _____ No _____

EMAIL ADDRESS: _____

PHONE NUMBER(S): MAIN _____ CELL _____

Board or Commission Preference

Please list the name of the board or commission to which you are applying or seeking reappointment. (You may apply for more than one, however you must **submit a separate application for each board or commission you apply for**. You will only be considered for one board or commission seat).

Board or Commission Preference: _____

Are you currently serving on a board or commission of the Town of Black Mountain? Yes _____ No _____

If so, what is the name of the board? _____

Why do you wish to serve the Town in this capacity? If additional space is needed please attach a separate sheet.

Education and Certifications

Please list your educational background and any certifications you have. Include names of all schools attended.

Employment

Please list the name and address of your current employer, the title of your current position and a brief description of your job duties.

Name of Employer _____

Address _____ City _____ State _____ Zip _____

Description of job duties:

Civic Involvement

Please list the names of all civic organizations in which you currently hold membership.

CERTIFICATE OF APPLICANT

I certify that, to the best of my knowledge and belief, the statements given truly represent my background and experience.

Applicant's Signature

Date

Thank you for your interest in appointment to the Town of Black Mountain's Boards and Commissions. Individuals selected for appointment by the Board of Aldermen will assume their position on the date of Board of Aldermen approval and after they are sworn in. The Town Clerk will contact you to make arrangements for swearing in.