STALLINGS	TOWN OF STALLI		ES
APPLICANTS ARE REQUIRED TO BE RE	SIDENTS OF THE TOWN OF STALLINGS.		PAGE 1
Board/Committee Applying For (Li	st One):		
Full Name:			
Years as a Stallings Resident:	Home Phone:	Cell Phone:	
Home Address:			
City:		State:	ZIP Code:
Email Address:			
Has any formal charge of profession	onal misconduct ever been sustained ag	gainst you in any	jurisdiction?
NOYES (If y	es, please explain complete disposition on t	the back of this pag	ge.)
Have you ever been arrested or co	onvicted of a misdemeanor or felony in	any jurisdiction?	
NOYES (If y	es, please explain complete disposition on t	the back of this pag	ge.)
an appointee of the Town Council	terest that would prevent you from fair ? res, please explain conflict on the back o		y discharging your duties as
Current employment:			
Employer address:			Length of employment:
City:		State:	ZIP Code:
Duties:			
Previous employment:			
Education:			

PAGE 2

List Boards/Committees on which you have served or are currently serving:

List civic and/or professional organizations in which you are a member:

Briefly explain why you are interested in serving on this Board/Committee:

I understand that this application is a public record and is subject to disclosure upon request pursuant to North Carolina Public Records Law (NCGS§132-1). I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to a background check and to the investigation and verification of all statements contained herein. I further authorize that all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatements shall be cause for removal from any board or committee.

Signature:______

Date: _____

Submit Application To:

Erinn Nichols, Stallings Assistant Town Manager/Town Clerk

Mail: 315 Stallings Road, Stallings, NC 28104 E-Mail: enichols@stallingsnc.org