

**CITY OF HAHIRA  
MAIN STREET BOARD APPLICATION FOR APPOINTMENT**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**ARE YOU A CITY OF HAHIRA RESIDENT (CIRCLE):** YES or NO **IF YES, HOW LONG?** \_\_\_\_\_

**DO YOU HAVE A HAHIRA BUSINESS (CIRCLE):** YES or NO **IF YES, NAME?** \_\_\_\_\_

**HAHIRA CITY COUNCIL DISTRICT (CIRCLE):** 1 2 3 4 N/A

**PLEASE LIST ANY CURRENT MEMBERSHIP(S) YOU HAVE ON ANY CITY OF HAHIRA BOARD, COMMISSION, AUTHORITY, OR COMMITTEE:** \_\_\_\_\_

\_\_\_\_\_

**HOW LONG HAVE YOU SERVED ON THE ABOVE LISTED ENTITY?** \_\_\_\_\_

**NAME & ADDRESS OF EMPLOYER:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

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

**PROFESSIONAL EXPERIENCE:**

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

**COMMUNITY SERVICE & CIVIC ORGANIZATION AFFILIATIONS:**

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

**IN WHAT WAYS DO YOU THINK YOU CAN CONTRIBUTE TO THE BOARD TO WHICH YOU ARE REQUESTING TO BE APPOINTED?**

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

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**WHAT SPECIFIC SKILLS, KNOWLEDGE, AND ABILITIES DO YOU POSSESS THAT WOULD CONTRIBUTE TO THE BOARD TO WHICH YOU ARE REQUESTING TO BE APPOINTED?**

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**WHY ARE YOU SEEKING THIS APPOINTMENT?**

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**DO YOU AGREE TO ABIDE BY THE ATTENDANCE POLICY OF THE BOARD TO WHICH YOU ARE APPLYING? IN THE EVENT THAT THE BOARD DOES NOT HAVE AN ATTENDANCE POLICY, DO YOU AGREE TO ABIDE BY THE ATTENDANCE POLICY LISTED BELOW (CIRCLE): YES or NO**

*ATTENDANCE POLICY: IF ANY MEMBER FAILS TO ATTEND TWO (2) OF THREE (3) SUCCESSIVE MEETINGS WITHOUT CAUSE AND WITHOUT PRIOR APPROVAL OF THE CHAIRPERSON, THE BOARD SHALL DECLARE THE MEMBER'S SEAT VACANT, AND THE MAYOR AND COUNCIL SHALL PROMPTLY APPOINT A REPLACEMENT.*

**HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE AGAINST THE LAW WITHIN THE LAST TEN (10) YEARS OR ARE YOU NOW UNDER CHARGES FOR ANY OFFENSE AGAINST THE LAW, EITHER A FELONY OR A MISDEMEANOR (CIRCLE): YES or NO IF YES, PROVIDE DETAILS BELOW.**

<b>Criminal Record: (felonies, misdemeanors)</b>			
<b>Charge</b>	<b>Date</b>	<b>Location</b>	<b>Disposition</b>

*NOTE: A CONVICTION WILL NOT NECESSARILY DISQUALIFY A PERSON FROM APPOINTMENT. EACH CONVICTION WILL BE JUDGED ON ITS' OWN MERIT WITH RESPECT TO TIME, CIRCUMSTANCE AND SERIOUSNESS RELATED TO THE APPOINTMENT APPLIED FOR.*

**I CERTIFY THAT THE ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR APPOINTMENT AS MAY BE NECESSARY IN ARRIVING AT A DECISION FOR APPOINTMENT TO THE MAIN STREET BOARD. I UNDERSTAND THAT FALSE INFORMATION GIVEN IN MY APPLICATION WILL RESULT IN DISQUALIFICATION FROM CONSIDERATION. YOUR SIGNATURE ON THIS FORM CONFIRMS THAT YOU HAVE READ AND ACKNOWLEDGE ALL OF THE ENCLOSED INFORMATION, AND THAT YOU ARE WILLING TO COMMIT THE TIME REQUIRED TO FULFILL THE RESPONSIBILITIES OF THE APPOINTMENT YOU ARE REQUESTING. YOUR SIGNATURE ALSO ACKNOWLEDGES THAT YOU AUTHORIZE THE CITY TO CONDUCT A CRIMINAL HISTORY BACKGROUND CHECK AND YOU UNDERSTAND THE PURPOSE AND RESPONSIBILITIES OF THE ORGANIZATION IN WHICH YOU ARE APPLYING FOR APPOINTMENT.**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**