QUESTIONNAIRE FOR PROSPECTIVE GREENE COUNTY BOARD MEMBERS

PL	EASE PRINT IN IN	K OR TYPE				
	_ Reappointment _	New Ap	pointment	BOARD		
1.	Name			Date of Birth		
	(First)	(Middle)	(Last)			
2.	Address					
	(Street)		(City	') (Zip)		
	Telephone Number	r(Hom	e)	(Work)		
	E-mail Address (op	otional)				
3.	. How long have you been a resident of Greene County?					
4.	What is your occupation?					
	Place of employm	ent?				
	What are your usual working hours?					
5.	. Education completed: Grade School High School College Graduate School					
6.	Have you ever served on a Board before, County or otherwise? Yes No					
	If yes, when and where?					
7.	Are you related to any Elected Official, Department Director or County employee?					
	Yes No If yes, please list:					
Ea		d on its own me	rits with respect to til	fense? (A conviction will not necessarily ban you from an appointment. ne, circumstance and seriousness based on the board appointment for which		
	If Yes, please expla	ain:				

^{9.} Please state on the reverse side of this form your reasons for wanting to serve on the Board. Highlight specialized interests or experiences that you feel would make you qualified for serving. If you need additional space, please attach another sheet of paper.

Once the form is completed, please sign and return to: Greene County Board of Commissioners, Attn: Lisa Mock, Clerk, 35 Greene Street, Xenia, Ohio 45385. The form can also be faxed to 937-562-5331.

Your signature represents that the information which appears on this form is true and factual to the best of your knowledge.

Signature

Date

If you have any questions, p	please contact Lisa	Mock at 937-562-5165.
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Thank you.