QUESTIONNAIRE FOR PROSPECTIVE GREENE COUNTY BOARD MEMBERS

PLEASE PRINT IN INK OR TYPE Reappointment New Appointment				- DOARD	
	_ Reappointmei	nt New App	pointment	BOARD	
1.	Name			Date of Birth	
	(First)	(Middle)	(Last)		
2.	Address				
	(Stre	eet)	(City)	(Zip)	
	Telephone Nur	nber(Hom	e)	(Work)	
	E-mail Address (optional)				
3.	. How long have you been a resident of Greene County?				
4.	What is your occupation?(If retired, please give former occupation noting you are now retired)				
	Place of employment?				
	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 a	nd where?			
7.	Are you related to any Elected Official, Department Director or County employee?				
	Yes No _	If yes, pleas	se list:		
Ea		udged on its own mer	its with respect to time, circu	? (A conviction will not necessarily ban you from an appointment. umstance and seriousness based on the board appointment for which	
	If Yes, please	explain:			

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.

	urn to: Greene County Board of Commissioners, Attn: 45385. The form can also be faxed to 937-562-5331.			
Your signature represents that the information whof your knowledge.	nich appears on this form is true and factual to the bes			
Signature	Date			
f you have any questions, please contact Lisa Mo	ock at 937-562-5165.			
Thank you.				