

Commissioner Application

Applicant Information								
Full Name: Maiden	Last First			М.І.	_ Date	:		
Name / Alias Address:	Last					First	M.I.	
	Street Address					Apartment/Unit #		
Phone:	City	Email		State		ZIP Code		
			0 6		NL.			
Do you live within the Blaine-Birch Bay Park and Recreation District 2 boundary? Yes No Have you ever been convicted of a YES NO misdemeanor or felony?								
If yes, explain:								
	Ed	ucation						
High School	: Addre	ss:						
From:	To: Did you graduat	YES e?	NO	Diploma:				
College:	Addre	ss:						
From:	To: Did you graduat	YES e?	NO	Degree:				
Other:	Addre	ss:						
From:	To: Did you graduat		NO	Degree:				
	Ref	erences						
Please list t	three professional or personal references.							
Full Name:				Relatio	nship:			
Company:				F	hone:			
Address:								
Full Name:				Relatio	nship:			

Company:			Phone:							
Address:										
Full Name:		R	elationship:							
Company:			Phone:							
Address:										
Employment or Occupation										
Company:			Phone:							
Address:			Supervisor:							
Job Title:										
Responsibili	ties:									
From:	То:	Reason for Leaving:								
Address:			Supervisor:							
Job Title:										
Responsibili	ties:									
From:	То:	Reason for Leaving:								
YES NO May we contact your previous supervisor for a reference?										
Personal or Community Activities:										

Qualifications Related to the Position:

Describe why you are interested in serving on the Commission:

Do you or your spouse have a financial interest in, or are you an employee or officer of the any business which does business with the Blaine Birch Bay Park and Recreation District 2? If so, please explain.

Signature:

Date:

I certify that my answers are true and complete to the best of my knowledge.