



TOWN OF LEWISVILLE  
 PO BOX 547  
 LEWISVILLE, NC 27023  
 (O) 336-945-5558 (F) 336-945-5531

**APPLICATION FOR LEWISVILLE BOARD/COMMITTEE**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

I am interested in serving on the following Board/Committee: \_\_\_\_\_

**EMPLOYMENT AND EDUCATION**

Employer: _____ Address: _____ Phone: _____ Email: _____ Occupation: _____	<table> <tr> <td></td> <td style="text-align: right;">Graduate? Y/N</td> <td style="text-align: right;">Major</td> </tr> <tr> <td>High School: _____</td> <td></td> <td></td> </tr> <tr> <td>College: _____</td> <td></td> <td></td> </tr> <tr> <td>Graduate School: _____</td> <td></td> <td></td> </tr> <tr> <td>Other: _____</td> <td></td> <td></td> </tr> </table>		Graduate? Y/N	Major	High School: _____			College: _____			Graduate School: _____			Other: _____		
	Graduate? Y/N	Major														
High School: _____																
College: _____																
Graduate School: _____																
Other: _____																

Are you a current board/committee member?      Yes       No

Board/Committee: \_\_\_\_\_ Original Appointment Date: \_\_\_\_\_

Are you requesting reappointment?      Yes       No

Please submit a separate application for each board/committee appointment requested.

Please refer to attached Resolution 2005015: Policy - Application process for boards and Committees

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a brief resume with information detailing why you wish appointment to the board or committee and return to: Town Clerk, Town of Lewisville, PO Box 547, Lewisville, NC 27023 or fax to 945-5531 Attention: Town Clerk.

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Interview Required: Yes  No

Interview Date: \_\_\_\_\_ Appointed: Yes  No

Recommendation: \_\_\_\_\_