

**CATAWBA ISLAND TOWNSHIP
APPLICATION FOR ZONING COMMISSION, BOARD OF
ZONING APPEALS & PARK BOARD**

This application will not be considered for an appointment with Catawba Island Township unless all information requested has been completed. Your resume is not a substitute for this application; however, you may attach it when completed. All applications must be submitted to the Zoning Inspector either by mail to 4822 E. Cemetery Road, Port Clinton, Ohio 43452, by fax to 419-797-4737, by email to zoning@catawbaislandtownship.com or in person (E-mail preferred). This application is a public record.

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, or veteran status, citizenship, genetic information or disability.

PERSONAL INFORMATION

Last Name	First Name	Middle Name	Today's Date
<hr/>			
Street Address	City	State	Zip Code
<hr/>			
Home Phone: () -			
Work Phone: () -			
Other: () -			
<hr/>			
Are you 18 or over?		Yes ___ No ___	
<hr/>			
How long have you lived in Catawba Island Township: _____			
<hr/>			
Board Desired:	Zoning Commission ___	Board of Zoning Appeals ___	Park Board ___
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Have you ever worked for Catawba Island Township?		Yes ___ No ___	
If Yes, list dates of employment _____			
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Has a previous employer, whom you were employed by, worked for Catawba Island Township?		Yes ___ No ___	
If Yes, please list employer(s) _____			
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Do you have any relatives currently working or volunteering for Catawba Island Township?		Yes ___ No ___	
If Yes, list names and relationship to you: _____			
<hr/>			
Please provide your email address: _____			
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Education			
Name & Location	#Years Completed	Major Area of Study	Degree/Diploma
High School			
College			
Graduate School			
Technical or Certificate Program			

Employment History				
Please provide the following information for your previous two employers, beginning with the most recent. (Please attach an additional page if necessary, do not use "see attached resume".)				
Employer #1	Dates Employed:		Job Title:	
Name:	From _____ To _____			
Address:				
Job Duties:				
Employer #2	Dates Employed:		Job Title:	
Name:	From _____ To _____			
Address:				
Job Duties:				
Describe your qualifications for the appointment you are seeking:				
References				
Please list one personal and one professional reference:				
Name	Address	Phone #	Relationship/Occupation	Years Known

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY

By signing below, I certify that I have read, understand and agree to each of the following statements:

All of the information I have supplied on this application is true, accurate and complete, to the best of my knowledge, and I have not knowingly withheld any information that, if known to Catawba Island Township, would affect my application unfavorably.

If I am appointed by Catawba Island Township, and if Catawba Island Township discovers at any time during my appointment that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately from the Board, subject to the Ohio Revised Code (ORC), where applicable.

This application will be considered only if it is submitted in response to a current Board opening and will be held for twelve (12) months after the position is filled. If I want to be considered for a future opening with Catawba Island Township, I must fill out another application in response to that opening or contact the Zoning Inspector to request consideration of this application.

I understand that nothing in this application creates a contract of employment between me and Catawba Island Township. If I am appointed by Catawba Island Township, the Board of Trustees may remove me from the Park Board; remove me from the Zoning Commission in accordance with the provisions of ORC Section 519.04; and remove me from the Board of Zoning Appeals in accordance with the provisions of ORC Section 519.13. The length of the appointment is subject to ORC Section 511.19 for the Park Board, ORC Section 519.04 for the Zoning Commission and ORC Section 519.13 for the Board of Zoning Appeals.

READ CAREFULLY BEFORE SIGNING:

I give Catawba Island Township my permission to conduct any investigation regarding the information contained in my employment application, which Catawba Island Township reasonably determines is necessary to determine my qualifications for assuming a Board appointment with Catawba Island Township. I give Catawba Island Township my permission to contact any former employer, school, college or university, utility company, credit or finance bureau or office, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, credit, education, or employment record, and I give my consent to any such source to release to Catawba Island Township whatever information they have about me. I also unconditionally release all named and unnamed sources from any and all liability that might result from furnishing any information about me.

Signature

Date

Catawba Island Township
Application For Zoning Commission, Board Of
Zoning Appeals & Park Board Appointment