



## Carmel Area Wastewater District

### CANDIDATE FOR APPOINTMENT TO BOARD OF DIRECTORS

NAME:		Last	First	Middle
HOME ADDRESS:	City	Zip	Birth Place:	
MAILING ADDRESS:	City	Zip	Home Phone: (831)	
EMPLOYER:			Business Phone: ( )	
ADDRESS:	City	Zip	Fax#: ( )	
LENGTH OF RESIDENCY IN CARMEL AREA WASTEWATER DISTRICT: _____ YEARS			REGISTERED VOTER IN CARMEL AREA WASTEWATER DISTRICT  YES <span style="margin-left: 100px;">NO</span>	
LENGTH OF RESIDENCY IN MONTEREY COUNTY: _____ YEARS				
HOW MANY HOURS CAN YOU DEVOTE TO THE BOARD PER MONTH? _____ HOURS PER MONTH				
<i>(Please include years of period of membership or service below. If additional space is needed, please feel free to attach additional pages to application.)</i>				
<u>EDUCATION:</u>				
OCCUPATIONAL EXPERIENCE:				
PROFESSIONAL OR TECHNICAL ORGANIZATION MEMBERSHIPS:				
CIVIC OR COMMUNITY EXPERIENCE, MEMBERSHIPS, OR PREVIOUS SERVICE APPOINTMENTS:				
EXPERIENCE OR SPECIAL KNOWLEDGE APPLICABLE TO THE DISTRICT'S AND/OR THE BOARD'S RESPONSIBILITIES:				

*I certify the information included in the foregoing and any attachments is true and correct*

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

Attachment(s): \_\_\_\_\_ Resume or biographical summary (optional)  
 \_\_\_\_\_ Statement of Candidate (required)

