

Appendix "B"

APPLICATION FORM

(PLEASE PRINT)

5. E-mail Address:

1.	Application for Appointmen	nt to (name of Board or Committee):	
2.	Full Name:		
	Companies and Personal Prope Consumer Services (MGCS) and	s who are Non-Residents: Business names are registered with the rty Security Branch (CPPSB) of the Ministry of Government an are placed on the Public Record maintained by CPPSB for public Business owner to provide proof of ownership before their applicatio	
3.	Mailing Address: (Please include Postal Code)		
4.	Telephone Number(s):	Home:	
		Work	

Cell:



ô.	Business/Work Experience in the Past Five (5) Years: (Note: If Self-Employed or Retired, please indicate your current or previous occupation)			
7.	How is your business/work experience or educational background related to the mandate of the Board/Committee? Please explain.			
3.	Please state why you are interested in serving on this Board/Committee? Note: If you are a Non-Resident, please demonstrate the nature of your interest in the Smiths Falls Community (e.g. employment, born here, proximity of their residence and/or work)			

9.	What skills, abilities and specialized knowledge do you have that will assist this body?				
10	Have you road the Board/Committee description and are you able to commit the				
10	Have you read the Board/Committee description and are you able to commit the time required to carry out these duties?				
11.	Have you previously been a member of this or any other Town of Smiths Falls Board/Committee? If "yes", please identify which Committee and when you served.				
12	Are you applying to serve on another Board/Committee? If "yes", please indicate the name of the Committee and prioritize your application(s). Please note that if applying for more than one Town Board and/or Committee, applicant are asked to complete separate application forms for each submission (prioritize your selections)				

13.	3. Please add any additional information and/or comments below:				
	(Resumes can be submitted with your ap	oplication form but will not be accepted in	stead of).		
	Signature	Date			

Personal information on this form is collected under the authority of Section 238 of the Municipal Act, 2001, S.O.2001, c.25 (as amended) and will be used to determine the qualifications for appointment to Town Boards and Committees. Names of successful applicants may be made public, provided to the media and posted on the Town of Smiths Falls' website. Questions about this collection should be directed to the Clerks Office.

PLEASE RETURN TO:
Kerry Costello, Town Clerk
P.O. Box 695
77 Beckwith Street North
Smiths Falls, ON K7A 4T6
Phone: 613-283-4124

Fax: 613-283-4764

kcostello@smithsfalls.ca