



**TOWN OF GIBSONVILLE
Board and Commission Application**

The Gibsonville Board of Aldermen has adopted this application for use by individuals interested in appointment to the Town's advisory boards and commissions. To ensure your application will receive full consideration, please answer all questions completely. Return this application either in person, by mail or by fax to the **Town of Gibsonville, 129 W. Main Street, Gibsonville, NC 27249. FAX 449-4196**

*****PLEASE PRINT OR TYPE*****

PERSONAL INFORMATION

Name _____ Date _____

Address _____ City/State _____ Zip _____
Do you live inside the Town limits of Gibsonville? YES _____ NO _____

Telephone: Home _____ Work _____ Cell _____

PLACE OF EMPLOYMENT _____ Address _____

Description of job duties: _____

EDUCATIONAL BACKGROUND Please list including names of all schools attended.

BOARD PREFERENCE

Are you currently serving on a board or commission of the Town of Gibsonville? Yes _____ No _____
If so, what Board or Commission? _____

Please list the name(s) of the board(s) to which you are applying or seeking reappointment to:

Why do you wish to serve the Town in this capacity? If additional space is needed please attach a separate sheet. _____

Signature _____

Thank you for your interest in appointment to the Town of Gibsonville's Advisory Boards and Commissions. Questions? 449-4144