

BOARD OF DIRECTORS APPLICATION

CRIME  **PERS**

Wood County

1-877-325-STOP

1-877-325-7867

400 Market Street • P.O. Box 8095
Wisconsin Rapids, WI 54495-8095

Applicant Information

Full Name: _____ Date: _____

Last *First* *M.I.*

Address: _____

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: () _____ E-mail Address: _____

Have you ever been convicted of a crime? YES NO

If yes, explain: _____

References

Please list two professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Why do you want to be on the Board of Directors?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to being on the Board of Directors, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____