

Island City Cemetery Maintenance District

Cemetery Board of Directors Appointment Application

For Board Position Number _____

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Reason for Applying: _____

Education

High School: _____

From: _____ To: _____

College: _____

From: _____ To: _____ Degree: _____

References

Please list one professional reference, and one personal reference.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Disclaimer and Signature

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

If this application leads to a seat on the Board of Directors of the Island City Cemetery Maintenance District, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____