

TRUSTEE APPLICATION

Town of Red Cliff
PO Box 40
Red Cliff, CO 81649
970-827-5303
fax 970-827-5300
email: manager@townofredcliff.org



FOR OFFICE USE ONLY

Received by: _____

Attached Pages: # _____

Date: _____

Position Applied For: TRUSTEE

Date of Application: _____

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

Mailing Address: _____

Home Ph: _____ Cell Ph: _____ Email: _____

Have you ever been employed by the Town of Red Cliff? _____ yes _____ no

If yes, please give position and date:

Do you have any friends or relatives employed by the Town of Red Cliff? _____ yes _____ no

If yes, please give name and relationship.

EDUCATION

High School: _____ Graduate: _____ yes _____ no

College: _____ Degree: _____

Other Technical or Trade: _____

JOB EXPERIENCE

Special Skills useful as a Trustee for the Town: _____

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Anything else you would like us to know about you:

Why would you like to be a Trustee:

APPLICANT STATEMENT

Are you over 18 years of age?: yes no

Have you ever been convicted of a felony?: yes no

Are you a US Citizen AND a registered voter in the Town of Red Cliff?: yes no

When did you move to Red Cliff? Month: _____, Year: _____

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

In the event of appointment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Town of Red Cliff.

Signature: _____ Date: _____