

**Sargent County Job Development Authority
Application for Board Appointment**

YOUR NAME (First, MI, Last)

County

Legislative District

Mailing Address

City

State

Zip Code

Your Occupation – Title

Business Phone #

Residence Phone #

Employer Name _____

Employer Address _____ City _____ State _____ Zip _____

Education/Other Type of Training/Experience

Type

Location

Years

Use additional sheet of paper if necessary

Membership in Organizations

Offices held if any

Years of Service

List special skills and why you are interested in this appointment _____

References (List three persons, not related to you, whom you have known for at least one year)

Name Address Phone Number years acquainted

I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize investigation of all statements contained herein and the references listed above to give you any and all information my qualifications and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damages that may result from furnishing the same to you.

Return Application to

Sandra Hanson

SC JDA

355 Main ST S Ste 9

Forman ND 58032

Signature of Applicant _____

Date _____