



## Application and Statement of Interest for Appointment to Board, Commission or Committee

If you are applying for more than one position, rank in order (1-6) of your preference, 1 being your first choice.

**(\*) Residency Required**

\_\_\_\_\_ Board of Appeals<sup>(\*)</sup>

\_\_\_\_\_ Ethics Commission<sup>(\*)</sup>

\_\_\_\_\_ Election Board<sup>(\*)</sup>

\_\_\_\_\_ Planning Commission<sup>(\*)</sup>

\_\_\_\_\_ Community Activities Committee

\_\_\_\_\_ Green Team

### **APPLICANT INFORMATION**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

How long have you lived at this address? \_\_\_\_\_

Are you the owner of the property? \_\_\_\_\_

Previous location? \_\_\_\_\_

Other than your home, do you own property within the corporate limits of the Town? ☐ Yes ☐ No How long? \_\_\_\_\_

If yes, state address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_  
(HOME) (WORK)

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Job Title: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Work Address: \_\_\_\_\_

Education Background/Training \_\_\_\_\_

### **COMMUNITY RELATED SERVICES, ACTIVITIES AND HONORS**

Organization: \_\_\_\_\_ Length of Service \_\_\_\_\_

Organization: \_\_\_\_\_ Length of Service \_\_\_\_\_

Organization: \_\_\_\_\_ Length of Service \_\_\_\_\_

**VOLUNTEER EXPERIENCE:**

Organization: \_\_\_\_\_ Length of Service \_\_\_\_\_

Organization: \_\_\_\_\_ Length of Service \_\_\_\_\_

Organization: \_\_\_\_\_ Length of Service \_\_\_\_\_

**REASON FOR INTEREST IN POSITION**

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**MEETINGS: AVAILABILITY**

Are you able to attend evening meetings? Yes or No \_\_\_\_\_

Are you able to attend day time meetings? Yes or No \_\_\_\_\_

Any Comments regarding meeting attendance? \_\_\_\_\_

**REFERENCES** (or include letters)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Years known: \_\_\_\_\_ Years known: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for your interest in the Town of Perryville.*

**Please Return Application To:**

Town of Perryville  
Attn: Town Administrator  
P.O. Box 773  
515 Broad Street  
Perryville, MD 21903

**Questions:**

Phone: (410) 642-6066

Email: [townhall@perryvillemd.org](mailto:townhall@perryvillemd.org)

**PAGES 3 AND 4 TO BE COMPLETED IF APPLYING TO SERVE ON  
THE PERRYVILLE BOARD OF APPEALS AND/OR PLANNING COMMISSION**

**BOARDS/COMMISSIONS:**

Are you currently serving on or have served on any public board or commission? If so, please list below.

BOARD

DATES

_____	_____
_____	_____
_____	_____

Skills/Special Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Experience Related to Position Applied for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why are you seeking this appointment? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will your qualifications best serve the needs of the community? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any relative by blood or marriage who works in the construction, civil engineering or development industry in any capacity; or as a consultant to a builder or developer?    ☐ Yes    ☐ No

If yes, please provide identifying information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you, an employee, an employer, a business associate, a partner or any relative by blood or marriage currently involved in the construction or development industry anywhere in Cecil County?    ☐ Yes    ☐ No

If yes, please provide identifying information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would any conflict of interest be created because of your appointment?    ☐ Yes        ☐ No

If yes, please explain: \_\_\_\_\_

Are you now or have you ever been involved in or served on the board of directors for a homeowner's or neighborhood association?    ☐ Yes        ☐ No

If yes, please provide information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about this opening? \_\_\_\_\_

Please describe the purpose of the Planning Commission and what you feel you can personally contribute to the Planning Commission: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe the purpose of the Board of Appeals and what you feel you can personally contribute to the Board of Appeals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your participation limited in any manner with regard to the number of meetings per month you would be able to attend? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many hours per month can you devote as a member of the Planning Commission? \_\_\_\_\_

How many hours per month can you devote as a member of the Board of Appeals? \_\_\_\_\_

Have you ever been convicted in any state or federal court of a misdemeanor or a felony?    ☐ Yes        ☐ No

\_\_\_\_\_

*I hereby certify that all of the statements made in this Application are true, complete and correct to the best of my knowledge and belief. I understand that if appointed, falsified statements on this application shall be considered cause for immediate resignation.*

*As an applicant for the above-appointed position, I understand that this completed application and supporting documents may be made available for public inspection.*

Signature \_\_\_\_\_ Date \_\_\_\_\_