CHIPPEWA VALLEY EDUCATIONAL FOUNDATION APPOINTMENT APPLICATION

It is the policy of the Chippewa Valley Educational Foundation to consider all applications without regard to race, religion, color, sex, age, marital status, national origin, or disability.

Position Applied For:				
PERSONAL DATA:				
Name:		DOB:		
Last	First	Middle		
Address:				
Street		City	State	Zip Code
Home Phone	Number	Cell Phone Number		
Education:				
EMPLOYMENT REC	ORD:			
Please list date of all Attach a separate sh	employment in the past fi eet, if necessary.	ve (5) years, start	ing with your mo	st recent position.
1. Company name a	nd address:			
Position/title/duties: _				
Contact name and n	umber:			
2. Company name a	nd address:			
Position/title/duties: _				
Contact name and no	ımber:			
GENERAL PERSON	AL HISTORY/CERTIFICA	ATION/LICENSES	d:	

COMMUNITY INVOLVEMENT/ACTIVITIES/ORGANIZATIONS:				
GENERAL QUESTIONNAIRE:				
Why do you wish to serve on the Chippewa Valley Educational Foundation Board and/or its committees?				
2. Would you be willing to serve on a committee or subcommittee of the Foundation?				
3. Do you have any unique skills, certifications, or background that you believe would be beneficial to the Foundation? If so, please state why and how:				
4. Have you participated in any Foundation fundraisers and/or events in the past?				
APPLICANT'S ACKNOWLEDGEMENT:				
Permission is granted to the Chippewa Valley Educational Foundation to conduct an investigation and to solicit information as to my educational and employment history, character and general reputation, and criminal conviction record. I release the Chippewa Valley Educational Foundation and all persons or organizations from any liability arising from such statements, their solicitations or use.				
I certify that all statements made by me on this application are true and correct to the best of my knowledge and belief. I understand that any false, inaccurate, or omitted statements of a material fact could be a cause for rejection of my application.				
I have read, understand and by my signature consent to these statements.				
Date:				
Signature of Applicant				