

Application for Board of Directors

To be completed by the applicant.

The information supplied in this document and in your application will be treated in the strictest of confidence.

Last Name:

First Name:

DETAILS OF ADVERTISED VACANCY				
Job Title:	Location:			
Available Start Date:	Primary Member			
	Alternate Member			
Application should be marked "PRIVATE AND	Private and Confidential			
CONFIDENTIAL" and forwarded to:	Executive Assistant			
	PO Box 703			
	Terrell, Texas 75160			
	Or via email: telliott@startransit.org			

APPLICANT NAME

Title:

APPLICA	NT DETAILS			
Title:	First Name:	Last Name:		
Home Addr	ress:			
City:	y: State:		Zip Code:	
Do you have any friends or relatives working for STAR Transit?		Yes	No	
If yes, state	names and relationship:		l	I
CONTACT	DETAILS			
Mobile Pho	ne:	Home:		
Email:				
-	any commitment to another en with STAR Transit? If yes, plea	entity or person that might affect asse provide brief details.	Yes	No
Have you in the last 10 years, under your name or another name, been convicted of, pleaded guilty or nolo contendere to, received deferred adjudication for, or been on any form of diversion for any criminal offense? If yes, please provide brief details.			Yes	No
Have you ever, under your name or another name, been convicted of a crime, which resulted with your being in prison and released from prison or paroled? If yes, please provide brief details.		Yes	No	

QUALIFICATIONS/TRAINING						
Please attach certified copies of all qualifications and certificates of attainment						
Title		Year Obtained	t			
Open Meetings Act						
Public Information Act						
Do you have any other experience, training, qualifications or skills, which you feel may make you especially suited for STAR Transit's Board of Directors?			Yes	No		
If yes, please list.						
MILITARY SERVICE						
Were you ever in the armed forces?			Yes	No		
If yes, what branch?	1					
Dates of Duty: From: / /	To:	/ /				
Have you obtained any special skills or abilities as a result of service in the military?			Yes	No		
If yes, describe:						
EMPLOYMENT DETAILS – APPLI	CANTS N	MUST COMPLETE				
Are you currently employed?		Yes	No			
May we contact your current employer?		Yes	No			
Name of Employer: Phone Number:						
Position Held: Supervisor:						
Duties/Skills:						
Start Date:		End Date:				
Reason for leaving:						

REFERENCE DETAILS				
Name of Reference:				
Position Held:	Phone Number:			
Name of Organization:				
Name of Reference:				
Position Held:	Phone Number:			
Name of Organization:				
Name of Reference:				
Position Held:	Phone Number:			
Name of Organization:				
CERTIFICATION				
I hereby certify that the above information is correct and complete to the best of my knowledge				
and belief. I understand that, if I am nominated, I will be liable to dismissal if any of the statements				
in my application are found to be deliberately misleading.				
Applicants Name (print):				
Signature:				
Date:				

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