

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.

APPLICANT NAME		
Title:	First Name:	Last Name:

DETAILS OF ADVERTISED VACANCY	
Job Title:	Location: 500 Industrial Blvd., Terrell, TX 75160
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: <u>telliott@startransit.org</u>

APPLICANT DE	TAILS				
Title:	First Name:		Last Name:		
Home Address:					
City:			State:	Zip Co	de:
Do you have any f	riends or relatives working for STA	R Tran	isit?	Yes	No
If yes, state names	and relationship:				·
CONTACT DETA	ILS				
Mobile Phone:		Home	e:		

Email:

Do you have any commitment to another entity or person that might affect your position with STAR Transit? If yes, please 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 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. If yes, please list. If yes, please list. If yes, please list.

MILITARY SE	RVICE			
Were you ever i	n the armed forces?		Yes	No
If yes, what bran	nch?		÷	
Dates of Duty:	From:	То:		
Have you obtain military?	ed any special skills or a	bilities as a result of service in the	Yes	No
If yes, describe:				

EMPLOYMENT DETAILS – APPLICANTS N	IUST 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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