



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:
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DETAILS OF ADVERTISED VACANCY

Position: Board of Directors	Location:
Date Submitted:	Primary Member <input type="checkbox"/> Alternate Member <input type="checkbox"/>
Application should be marked "PRIVATE AND CONFIDENTIAL" and forwarded to:	Private and Confidential Executive Assistant PO Box 703 Terrell, Texas 75160 Or via email: telliott@startransit.org

APPLICANT DETAILS

Title:	First Name:	Last Name:			
Home Address:					
City:		State:	Zip Code:		
Do you have any friends or relatives working for STAR Transit?			<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No				
If yes, state names and relationship:					

EMPLOYMENT DETAILS

Name of Employer:	Position Held:
Job Details/Skills:	Years Employed:

CONTACT DETAILS

Mobile Phone:	Home:
Email (For Board Communication):	

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
<i>Open Meetings Act</i>	
<i>Public Information Act</i>	

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?

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:

PROFESSIONAL AND/OR COMMUNITY ACTIVITIES

Current Activities:

Previous Activities:

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: