

Atlantic County Executive Office

INFORMATION SHEET FOR ADVISORY BOARD OR COMMISSION

NAME: _____

Last	First	Middle Initial
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ADDRESS: _____
Street or Post Office Box

City	State	Zip Code
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EMAIL ADDRESS: _____

MUNICIPALITY OF RESIDENCE: _____

HOME PHONE: _____ BUSINESS PHONE: _____

NAME OF PRESENT EMPLOYER (if employed): _____

ADDRESS OF PRESENT EMPLOYER: _____

YOUR TITLE OR POSITION: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

IF YOU ANSWERED YES, EXPLAIN THE OFFENSE FOR WHICH YOU WERE CONVICTED..

LOCATION OF CONVICTION: ____ YES ____ NO

STATE _____ COUNTY _____ CITY _____

SENTENCE / PENALTY IMPOSED BY THE COURT:

WAS PROBATION PART OF THE SENTENCE? : ____ YES ____ NO

ARE YOU STILL UNDER PROBATION? : ____ YES ____ NO

LIST THE ADVISORY BOARD(S)/COMMISSION(S) ON WHICH YOU ARE INTERESTED IN SERVING.

PLEASE DESCRIBE BELOW ANY EMPLOYMENT, EDUCATION, INTERESTS OR EXPERIENCE THAT RELATES TO THE ADVISORY BOARD(S) OR COMMISSION(S) ON WHICH YOU WISH TO SERVE.

Attach additional sheets if necessary.

DATE: _____

SIGNATURE: _____

**ADVISORY BOARDS AND COMMISSIONS
of Atlantic County**

Agricultural Development Advisory Board
Commission on Women
Construction Board of Appeals
Criminal Justice Advisory Board
Cultural and Heritage Advisory Board
Disabled Citizens Advisory Board
Economic Development Advisory Commission
Emergency Management Advisory Board
Ethics Board
Highway Safety Task Force
Human Services Advisory Council
Library Advisory Commission
Local Advisory Council on Alcoholism & Substance Abuse
Mental Health Advisory Board
Parks and Environmental Advisory Board
Planning Advisory Board
Senior Citizens Advisory Board
Solid Waste Advisory Council
Youth Services Commission
Veterans' Advisory Board
Workforce Investment Board (WIB)
Atlantic County Improvement Authority
Atlantic County Utilities Authority
Atlantic Cape Community College Board of Trustees
Board of Education of the Special Services School District
and the Vocational School District of the County of Atlantic