

**TOWN OF WALKERTOWN
APPOINTMENT QUESTIONNAIRE
(PLEASE PRINT OR TYPE)**

FULL NAME: _____

ADDRESS: _____

TELEPHONE: HOME: _____ BUSINESS: _____

FAX: _____ E-MAIL: _____

1. Are you a citizen of the United States? Yes _____ No _____
If yes, how long? _____

2. Are you a resident of the Town of Walkertown? ? Yes _____ No _____
If yes, how long? _____

3. Do you hold any position as the result of an appointment by a federal, state, or local government body or government official? (A Notary Public or federal postal system position should be included.)

4. Do you hold any federal, state, or local government position as the result of being elected by the voters?

5. Are you aware of any conflict of interest which would prohibit you from serving as a member?

6. Are you presently a member of any Town of Walkertown Board, Committee or Commission?
Yes _____ No _____
If yes, please indicate name(s) and number of terms served.

6. Have you ever served on any Town of Walkertown Board, Committee, or Commission?
Yes _____ No _____
If yes, please indicate name(s) and date(s) served.

SIGNATURE: _____ Date: _____

RETURN TO: Lynn McKinnie, Town Clerk 336/595-4212
TOWN OF WALKERTOWN
P. O. Box 39
Walkertown NC 27051

PLEASE ATTACH A BRIEF RESUME AND/OR LETTER WITH INFORMATION PERTINENT TO APPOINTMENT.