

CASS COUNTY GOVERNMENT

APPLICATION FOR BOARDS AND COMMISSIONS

Board of Commission for which you are applying:

YOUR NAME (Last, First, Middle)	County	Legislative District Number
Mailing Address	City	State Zip Code
Your Occupation - Title	Business Phone Number	Residence Phone Number

Employer Name		
Employer Address	City	State Zip Code

EDUCATION AND GENERAL QUALIFICATIONS

LEVEL	NAME OF SCHOOL	LOCATION	No. Years Attended	Did You Graduate?	Major Course(s) of Study
High School					
College					
Trade/Business/Correspondence					

Memberships in Organizations and Offices Held	
Indicate Dates Held	
Volunteer Activities	
Indicate if Past or Present	
Your Special Skills and Qualifications	

REFERENCES (List three persons, not related to you, whom you have known for at least one year)

NAME	ADDRESS	PHONE NO.	Years Acquainted

I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my qualifications and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damages that may result from furnishing the same to you.

RETURN COMPLETED FORM TO:
 Cass County Commission
 PO Box 2806
 Fargo ND 58108-2806

SIGNATURE _____
 DATE _____

(Please attach a copy of your resume')