BIOGRAPHICAL OUTLINE
BOARD APPOINTMENTS
STARK COUNTY COMMISSIONERS' OFFICE

Please fill out this form and return to:

Board of Stark County Commissioners
110 Central Plaza South, Suite 240
Canton, Ohio 44702

Appointment / Reappointment to: _____

Referred by (if applicable): _____

Name: _____

Occupation: _____ How Long? _____

Business Name and Address: _____

_____

_____

Work Telephone: _____

Home Address: _____

_____

Home Telephone: _____

Mobile Phone: _____

Email Address (preferred): _____

How long have you lived in Stark County? _____

Education: _____

Professional and Community Organization Affiliations (past and present):

Do you or any member of your family hold a position on a Board of Directors, serve as an officer or an employee, own stock or have a financial interest in any company or agency that does business with the entity that is the subject of this appointment and/or will the decisions that will be made by the group to which you are seeking to be appointed directly or indirectly benefit you or any member of your family?

If so, please explain: _____

Why do you want this appointment? _____

What particular expertise, talents or interests would you bring to this Board?

Signature of Applicant **Date**

FOR ADMINISTRATIVE PURPOSES ONLY – DO NOT WRITE IN THIS SECTION

Received by:

Date: Revised: January 2018