



TOWN OF LISBON

300 Lisbon Street, Lisbon, Maine, 04250
Telephone 353-3000 Fax 353-3007

APPLICATION FOR APPOINTMENT TO BOARD OR COMMITTEE

Please Check One:

- | | |
|--|---|
| <input type="checkbox"/> Board of Appeals | <input type="checkbox"/> Lisbon Development Committee |
| <input type="checkbox"/> Planning Board | <input type="checkbox"/> Library Governing Board |
| <input type="checkbox"/> Conservation Commission | <input type="checkbox"/> Assessment Review Board |
| <input type="checkbox"/> Recreation Committee | <input type="checkbox"/> Cemetery Committee |
| <input type="checkbox"/> Ethics Panel | <input type="checkbox"/> Other |

Application Date:	
Name:	
Street Address:	
Mailing Address:	
Email Address:	
Home Phone:	Cell Phone:
Occupation:	Employer:
How long have you lived in Lisbon?	
Have you attended any of the meetings of the board/committee for which you are applying?	
Are you interested in other committees? If so, please list in priority order.	
Please list any contributions or improvements you feel you can make to the committee:	



Background Investigation Authorization Form

We are an equal opportunity

I, _____, understand and agree that, as a condition of this application, and in order to assess my qualifications for this process, a full investigation of my background is necessary, including verification of all information submitted on my application.

I have read, understand and agree to the following:

I hereby authorize the Town of Lisbon or a third party acting on its behalf, to conduct a thorough inquiry into all areas deemed necessary to assess my qualifications for this business. I understand and agree that the Town of Lisbon may contact or contract with private information centers, consumer reporting agencies, government agencies, mutual associations, educational institutions, former employers and other third parties to assess my qualifications and verify information that I provide is accurate in every way. This may include, but is not limited to: verification of my employment, educational, and personal history; verification of information provided on my application ; contact with current and former employers, clients, business associates, professional organizations or other institutions regarding my history and character; inquiry into my credit history, driving record, and criminal history as well as public record information relating to my application.

I hereby specifically release from liability and authorize employers, local, state, and federal administrators, credit bureaus, institutions, mutual associations, consumer reporting agencies or any persons to freely and completely respond to any inquiry made by or on behalf of the Town of Lisbon.

A copy of this document shall be, for all intents and purposes, as valid as the original

Applicant Legal Last Name: _____ First: _____ Middle Init: _____

Other Names Used: _____ Date of Birth: _____

Drivers License Number: _____ Issuing State: _____

Legal Address: _____

City: _____ State: _____ Zip: _____

I hereby authorize the background investigation discussed herein and I affirm that all answers given to the Town of Lisbon are true and complete. I understand that my application may be void at any time if it is discovered that I withheld or falsified any information.

Signature: _____ Date: _____