



TOWN HALL ADMINISTRATIVE OFFICES
 2445 S. AFTON ROAD
 BELOIT, WISCONSIN 53511-8663
 PHONE: 608-364-2980
 FAX: 608-364-2999
 www.town.beloit.wi.us

Application for
 Advisory Commission /
 Board Member

Date: _____
 Name: _____ Phone: _____
 Address: _____ Email: _____
 Position you are applying for: _____
 Length of time as a Town Resident: Years ____ Months ____
 Are you eligible to vote within the Town of Beloit: Yes ____ No ____

Education	Name and Location	Years Attended	Did You Graduate	Major Subjects
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Trade or Business School	_____	_____	_____	_____

U.S. Military Service: _____

Branch	Highest Rank	Present Status
_____	_____	_____

Current Employer: _____

Name	Address	Position
_____	_____	_____

Relevant Experience:

References:

Name	Address	Business	Years Acquainted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize the investigation of all statements and references listed above.

 Signed Dated