Ransom County Job Development Authority

Application for Board Appointment

Name (First, MI, Last) County Legislative District

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Mailing Address City State Zip Code

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Occupation –Title Work Phone # Home Phone # Cell #

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Employer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

Education/Other Type of Training/Experience

Type Location Years

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Use additional sheet of paper if necessary

Membership in Organizations Offices held, if any Years of Service

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List special skills and why you are interested in this appointment. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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References (List three persons, not related to you, who you have known for at least one year).

Name Address Phone # Years Acquainted

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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 for this appointment and release all parties from liability for any damages that may result from furnishing the same to you.

Return Application to:

Tracy Ekeren

RC JDA

14247 55th Street SE Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sheldon, ND 58068 OR Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

tracyekeren@yahoo.com