## APPLICATION FOR BOARD APPOINTMENT

## LUCAS COUNTY COURT OF COMMON PLEAS 700 ADAMS STREET, SUITE 300 TOLEDO, OHIO 43604

NAME OF APPLICANT	·		
	FIRST	MIDDLE	LAST
ADDRESS:			
STREET		CITY	ZIP CODE
TELEPHONE:			
	WORK	PERSONAL	_
COMMITTEE/COMMIS	SSION APPLYING	FOR	
		e Court? [ ] No [ ]	
-		of any law, other than a n	*
EDUCATION: High School			
Post-High School Educat	tion		
EMPLOYMENT HISTO Present or Last Employer			
Your Title/Duties:			
Dates of Employment:			
Previous Employment (li	st employers, posit	ion, dates of employment)	

position.		
Name	Address	Telephone
are seeking re-a		re qualified for this appointment. If you rour contributions have been to the
I certify that the s best of my knowle will void this appl	edge and belief and are made in good fait lication and any action based upon it. I	on are true, complete, and correct to the ch. I understand that any false statements Further, I authorize the Court to conduct ty number for that purpose, if requested.
SIGNATURE OF	APPLICANT:	DATE:

List three people not related to you who have definite knowledge of your qualifications for this

REFERENCES:

Please return the completed application to the Lucas County Common Pleas Court, Office of the Court Administrator, 700 Adams Street, Suite 300, Toledo, OH 43604.