

APPLICATION FOR ESTES PARK HOUSING AUTHORITY BOARD OF COMMISSIONERS

Name:	Home Phone:	
Street Address:	_Work Phone:	
Mailing Address:	_ Cell Phone:	
E-mail Address:	Preferred Contact Method:	
Occupational Background:		
Educational Background		
How long have you been an Estes Park resident?		
Why do you desire to become a member of the EPHA Board?		
What special skills or background would you bring to the EPHA Bc	oard?	
Are you involved in any activities that might create a conflict of interest?YesNo		
If yes, please explain:		
Will you be able to serve the complete term of five (5) years if sel	ected?YesNo	
If no, please explain:		

Personal references (not rel Name	atives) who can speak to Address	your qualifications to serve:	Phone
1)			
Employment History (previc Employer	ous five years – please at Phone	tach additional pages if necessary): Dates of Employment	Position
1)			
2)			
3)			
Other information or comm	ents you wish to add:		

I hereby submit my application for the Estes Park Housing Authority Board. I understand that the Board or EPHA staff will verify information contained herein and may make other inquiries which it deems appropriate to consideration of my application, and I consent to such inquires.

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Date

The Estes Park Housing Authority and Town of Estes Park does not discriminate on the basis of race, color, religion, sex, national origin, age, or disability in the admission, access, appointment to, or treatment or employment in, its programs or activities.

Due date of application:

Submit application to:	Scott Moulton, Executive Director
	Estes Park Housing Authority
	363 E Elkhorn Ave #101 / P.O. Box 1200
	Estes Park, CO 80517
	970.591.2537

Submit via email to:

smoulton@estes.org

Please also submit any additional information you would like to be considered.