

COMPLIANCE AUDIT COMMITTEE 2010-2014

APPLICANT INFORMATION		
Last Name	First Name	
Street Address	Apartment/ Unit #	
City	Prov	Postal Code
Phone	E-mail Address	
PROFESSIONAL REFERENCE(S)		
<i>Please list two professional references, you may provide others.</i>		
Full Name	Relationship	
Company	Phone ()	
Address		
Full Name	Relationship	
Company	Phone ()	
Address		
EMPLOYMENT (OR PREVIOUS EMPLOYMENT IF RETIRED)		
Company	Phone ()	
Address		
Job Title	Years employed:	
Responsibilities		

Do you have experience in Municipal Elections? If yes, please explain:

Do you have experience in municipal election finances, finances or auditing? If yes, please explain:

Do you have a membership in a Professional Association? If yes, please provide the Association details:

Name: _____

Address: _____

Phone: _____

Have you read the Terms of Reference for the Committee? Yes [] No [] Your initials _____

Do you understand the role you are to execute as a member of the Compliance Audit Committee?
Yes [], No [] Your initials _____

Are you currently working for/on a campaign of a candidate in the 2010 municipal election?
Yes [], No [] Your initials _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to appointment, I understand that inaccurate information in my application or interview may result in my release from the services of the Township of Springwater, Compliance Audit Committee.

Signature

Date

Notice of Collection

Municipal Freedom of Information and Protection of Privacy Act

Information collected in this application form is authorized under the Municipal Act, 2001, S.8 and the Municipal Elections Act s.81.1 and will be used to determine suitability for appointment to the Compliance Audit Committee. Questions about this form may be directed to the Clerk at 705-728-4784, ext 2026