

## GOFORTH SPECIAL UTILITY DISTRICT

8900 Niederwald Strasse • Niederwald, TX 78640 512) 376-5695 • FAX (512) 376-7631 • Toll Free (866) 376-5695

## **Director Application**

(Please Print)		Date:	Date:	
1. GSUD Account Nu	mber:			
2. Name				
Last	First	<b>Middle Initial</b>		
A. Social Secur	ity Number:			
	nber(Photo Copy Req	nuired)		
	e Number: ()_			
	Number: ()			
	'ess:			
3. Present Address:_				
	ımber Street	City State	Zip	
5. Present Occupation	s within GSUD servic on: occupation:	e area?		
summary		e, excluding misdemea	nors and	
Offenses?No	_Yes If yes, describe i	in detail		
	volunteering or serving or servingYes If yes, describ	ng on a City, State, or be in detail	Government	

8.List any friends or relatives currently working for GSUD.
9.a) Are there any experience, skills, or qualifications which you feel would you for a Board position?
b)Have you had any previous Board experience?
c)How long are you willing to serve on the Board?
PLEASE READ CAREFULLY APPLICANT CERTIFICATION AND AGREEMENT  I hereby certify that the facts set forth in the above application are true and completed to the best of my knowledge. I understand that if considered for Board position, falsified statements on this application shall be sufficient cause for dismissal.  Signature of Applicant
DO NOT WRITE BELOW THIS LINE  InterviewedYesNo Date Interviewed: