



Lambton
College

Board of
Governors

Application for Appointment to Lambton College Board of Governors

TITLE: _____

FIRST NAME: _____

LAST NAME: _____

HOME ADDRESS

Street: _____

City: _____

Province: _____ Postal Code: _____

Home #: _____ Fax #: _____ Cell #: _____

Email: _____

BUSINESS ADDRESS

Street: _____

City: _____

Province: _____ Postal Code: _____

Work # _____ Fax # _____

PLEASE PROVIDE A RESUME **OR** ANSWER QUESTION 1 AND 2

- 1. Educational Background.** Please indicate the institution attended, credentials attained and year of completion (or provide resume).

- 2. Professional and Employment Background.** Please provide a chronology of all relevant work experience, including a description of consulting projects, starting with the most recent. Indicate employer, your title/position, the dates you held the position, and a summary of your responsibilities (or provide resume).



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3. **Community Involvement.** Please include the name of the organization served, your position and the dates you were involved.

4. **Memberships in professional organizations** (if applicable)

5. **Additional Information.** Include any additional skills or experience that relate to the position to which you are applying. (If applicable, include specific position applied for)



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- 6. References** Please provide the names and contact information for three persons who could provide a reference for you. Include name, occupation, address and telephone number.

The personal information requested on this Application Form is being collected and used by Lambton College to evaluate the suitability of all potential candidates for appointment. The qualifications of intended appointees are subject to a review by the Nomination Committee. Additional personal information will be required from you if you are a candidate who is considered for appointment. Personal information about you may also be collected from the references you have provided and used to evaluate your suitability as a candidate, as well as to verify the truth and accuracy of the information you have provided, and for no other purpose.

This information will not be disclosed except as required for the above-noted purposes. Any questions about the collection, use or disclosure of personal information requested on this form should be directed to the College.

Signature: _____ **Date:** _____