



TOWN OF KILLINGLY

TOWN MANAGER'S OFFICE
172 Main Street, Killingly, CT 06239
Tel: 860-779-5335 Fax: 860-779-5382

FOR OFFICE USE ONLY

Interview Date:

Interview Time:

Action Taken:

All Actions Completed: Yes No

Boards & Commissions Questionnaire

Date: _____

Name: _____

Residence Address: _____

Mailing Address: _____

Occupation: _____

Phone Number: Home: _____ Business: _____ Cell: _____

E-Mail Address: _____

1. How long have you lived in Killingly? _____
2. Are you a registered voter of the Town of Killingly? Yes No:
3. What is your party affiliation? Republican Democrat Unaffiliated/Other
4. Which Board or Commission appointment are you seeking? _____
5. Would you prefer a **regular** position, **alternate** position, or **it doesn't matter**. (Please circle one)
6. Why are you seeking appointment to this Board or Commission? _____

7. What is your experience or knowledge regarding this Board or Commission? _____

8. State your philosophy in regard to this Board or Commission: _____

9. Boards and Commissions meet a minimum of 15 times per year; more if there are special meetings or projects. Therefore, it is required for all members to be in attendance to insure a quorum. Are you able to devote this amount of time? Yes No

10. Have you attended any meetings of the Board or Commission for which you are seeking an appointment? Yes No
If yes, how many times in the past twelve months? _____

11. Would there be a possible conflict of interest if you were appointed to this Board or Commission? Yes No
If yes, please explain: _____

12. Have you ever come before or dealt with the Board or Commission to which you are seeking appointment? Yes No
If yes, please explain: _____

13. Have you ever served on a local government Board or Commission in this or any other town? Yes No
If yes, please explain: _____

14. If no openings exist on the Board or Commission to which you are seeking appointment, would you accept an alternate Board or Commission? Yes No
If yes, please list the Board(s) or Commission(s) in priority order:
1. _____
2. _____
3. _____

IF ADDITIONAL SPACE IS NEEDED, PLEASE CONTINUE ON REVERSE SIDE. RETURN TO: KILLINGLY TOWN MANAGER, 172 MAIN STREET, KILLINGLY, CT 06239. PLEASE CALL IF YOU HAVE ANY QUESTIONS: 860-779-5334.