



Twin Falls County
Pest Abatement District
www.tfcpad.org

**APPLICATION FOR
TWIN FALLS COUNTY PEST ABATEMENT DISTRICT (TFCPAD)
BOARD OF TRUSTEES MEMBERSHIP**

Name (Print) _____ Date: _____
Last First Initial

Present Address: _____ Phone: _____
No. Street City State Zip Day Message

Work/Cell Phone: _____ May we contact you at work? Yes No

Describe your qualifications for membership on Twin Falls County Pest Abatement District (TFCPAD) Board position:

Why would you be considered an asset to TFCPAD?

Are you related to anyone who works for Twin Falls County? If so, who and which department do they work?

Can you meet the minimum time commitment? (Generally less than 4-5 hours per month.) Yes No

List potential conflicts of interest as a member of an Advisory Board:

Have you ever been charged with a crime, convicted, or pled guilty to a felony or a misdemeanor, including withheld judgments and bond forfeiture? This will not necessarily disqualify you. Yes No
If yes, please give details, including dates:

Do you agree to uphold Twin Falls County's policies regarding sexual harassment and drug free workplace? (Upon appointment, a copy of these policies will be provided to you.) Yes No

PERSONAL REFERENCES: Please list the names of three (3) persons not related to you by blood or marriage:

Name: _____ Phone: _____

Connection to you (friend, co-worker, etc.): _____

Name: _____ Phone: _____

Connection to you (friend, co-worker, etc.): _____

Name: _____ Phone: _____

Connection to you (friend, co-worker, etc.): _____

The undersigned acknowledges and agrees that he/she is not obligated if called upon, to perform the volunteer services herein applied for.

Signed: _____ Date: _____

Printed Name of applicant: _____