

APPLICATION
Montague Community Cable, Inc.

1. DATE SUBMITTED

RETURN TO:

MCCI
24 Third Street
Turners Falls, MA 01376
Phone: 413-863-9200

2. APPLICANT INFORMATION

Name:

Social Security Number:

Address (give city, county, state, and zip code):

Telephone Numbers/Email:

Home Phone:

Business Phone:

Fax:

E-mail:

3. IF YOU ARE A MONTAGUE RESIDENT, CHECK VILLAGE YOU RESIDE IN:

Lake Pleasant Millers Falls Montague Center Montague City Turners Falls

4. CHECK IF YOU ARE A CANDIDATE OF:

Selectmen Gill Montague Superintendent Teen center Senior Center Franklin County Technical School Superintendent

5. ARE YOU NOW EMPLOYED? YES NO

6. OCCUPATION:

7. NAME OF EMPLOYER:

8. ON WHAT DATE WOULD YOU BE AVAILABLE TO SERVE?

9. HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR, EXCLUDING TRAFFIC VIOLATIONS? YES NO

IF YES, PLEASE EXPLAIN AND LIST:

10. NAME, ADDRESS AND TELEPHONE NUMBER OF THREE REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS:

11. PLEASE PROVIDE A BREIF BIOGRAPHY, INCLUDING WORK, EDUCATION AND EXPERIENCE RELEVANT TO A MEDIA ORGANIZATION. USE THE BACK IF YOU NEED MORE SPACE.

12. PLEASE PROVIDE A STATEMENT OF INTENT WITH EXAMPLES OF YOUR VISION FOR MCCI AND ITS PROJECTS (IE; MCTV ETC) USE THE BACK IF YOU NEED MORE SPACE.

13. LIST ANY COMMITTEES OR BOARDS YOU ARE NOW ON, OR HAVE PREVIOUSLY SERVED:

AGREEMENT

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

14. SIGNATURE

15. DATE SIGNED