

Phone: (216) 771-6570 e-mail: cseacleveland34@att.net

RESUME

You have requested to be considered for appointment as a trustee for the CIVIL SERVICE EMPLOYEES' ASSOCIATION. Please fill out the information below and return this form to our office.

☐ Mr. ☐ Ms. ☐ Mrs. _____
Last Name First Name Middle Initial

Address City State Zip Code Phone # _____

Cell # _____

Work # _____

E-Mail Address _____

Employment: (with the City of Cleveland only)

| Dates (From – To) | Department/Division | Title/Classification | Civil Service Certified? |
|-------------------|---------------------|----------------------|--------------------------|
| | | | Yes No |
| | | | (Circle One) |
| | | | |

Character References:

| Name | Address | Occupation | Phone Number |
|------|---------|------------|--------------|
| | | | |
| | | | |
| | | | |

Skills or Knowledge which you can bring to this Organization:

Reason(s) why you would like to become a Trustee of the Civil Service Employees' Association:

Emergency Contact: _____ Phone: _____

CONFIDENTIALITY AGREEMENT

I, _____, do hereby attest that the preceeding
(Print)
information which I have provided is correct to the best of my knowledge and that there is no conflict of interest which I have which would prevent me from serving as a trustee of the Civil Service Employees' Association and from fairly representing its membership. I also understand that the CSEA Board of Directors is provided with sensitive information at monthly Board meetings and at Committee meetings that is of a financial, legal, and proprietary nature which, if disclosed to the general public, would be detrimental to the Association and its membership and that, as a trustee, I agree to keep this information confidential. Therefore, I will abide by the terms of this Agreement with the understanding that I may be removed as a trustee by a 2/3 vote of the CSEA Board of Trustees attending a meeting where a motion is made for the removal of said Board member for violating this Agreement. Furthermore, I also understand that I may be subjected to civil liability to the Civil Service Employees' Association for violating the provisions of this Confidentiality Agreement including appropriate legal recourse, injunctive relief, and damages. I also agree to follow the terms of this Agreement for 5 years following my departure from the Civil Service Employees' Association Board of Trustees; with the exception if attorney-client information, which is to be held in confidence without time limitation.

(Signature)

(Date)

SWORN TO BEFORE ME and subscribed in my presence this

_____ day of _____, _____

NOTARY PUBLIC