

**CITIZEN APPLICATION FOR ADVISORY BOARDS AND COMMISSIONS**

		Date: 1-3-24	
Last Name: STRINER	First Name: ELISAN	Middle Initial: H	
Birthdate: 12-10-59			
Email: THESOAPLADY@AOL.COM	Home Phone:		
Daytime Phone:	Cell Phone: 336-687-5814		
Home Address: 607 THORNWOOD RD			
Live in Jamestown Town Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CEDARWOOD			
Current Occupation/Title		OWNER	
Employer/Business Name		THE SOAP LADY	
Business Address (with zip code):		106 E MAIN ST JAMESTOWN, NC 27882	
Supervisor's Name:		N/A	
Education: <input type="checkbox"/> High School <input checked="" type="checkbox"/> College <input type="checkbox"/> Graduate School <input type="checkbox"/> Other:			
Degree and Subject of Study:		CONSTRUCTION MANAGEMENT/JOURNALISM	
School Name/Years Attended:		UNC/CPIC 78-82	
Applying for Board/Commission (enter one): PLANNING BOARD			
Why are you interested in serving on that Board/Commission?		OUR TOWN IS GROWING, I HAVE THE TIME TO SERVE. MY BUSINESS HAS BEEN HERE 3 YEARS. WOULD LIKE TO WORK WITH OTHERS FOR THE SUCCESS OF OUR TOWN.	
What Board or Commission are you currently serving?		N/A	
		Term Expiration Date:	
Are you willing to serve on any other Board/Commission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list:		PARK & REC, ANY OTHER I MAY CONTRIBUTE	
Are you interested in serving in any other community volunteer activities? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list:		VETERANS DAY MEMORIAL,	

Appointed as an ETT Alt. in Jan. 2024

Interests/Skills/Areas of  
Expertise/ Professional  
Organizations:

**List two professional references below:**

1.	Name:	BOW FARMER, ATTU	Daytime Phone:	336/454/5441
	Address:	720 W. MAIN ST JAMESTOWN 27282		
	Relationship:	PROFESSIONAL ALLY OF RECORD SINCE 1998		
2.	Name:	JASON SPANIER-OWNER	Daytime Phone:	336/884/648
	Address:	107 HILLSTONE CHRISTOWN 27582		
	Relationship:	BUSINESS RELATIONSHIP/NEIGHBOR/ADJUTANT PRINCE		

**AFFIRMATION OF ELIGIBILITY**

Has any formal charge of professional misconduct, criminal misdemeanor, or felony ever been filed against you in any jurisdiction? ☐ Yes ☒ No

If yes, explain.

Is there any possible conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee to a Board/Commission? ☐ Yes ☒ No

If yes, explain.

I understand this application is public record, and I certify the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree any misstatement or conduct will be cause for my removal from any board or commission.

Signature of Applicant:

(Please print and sign.)

SUSAN STRINER

Date:

1-3-24

**PLEASE ATTACH RESUME**

**RETURN COMPLETED FORM TO:**

Town of Jamestown, Attn: Town Clerk PO BOX 848 Jamestown, NC 27282

Website: [www.jamestown-nc.gov](http://www.jamestown-nc.gov)

Email: [kweiner@jamestown-nc.gov](mailto:kweiner@jamestown-nc.gov) Fax: 336-886-3804 Telephone: 336-454-1138

**Note:** Applications will be kept on file for two years from the date of application.