CHILD ADVOCATES OF BLAIR COUNTY, INC.

Application for Board Membership

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin age, disability, marital or veteran status, or any other legally protected status.

Date of Application: 11/0/2018						
Name:	Machiller	Condace	Michele			
-	Last	First	Middle			
Address	405 Front St	- Apt B Hollide So	xx PA 16648			
	Number/Street	City Sta	te Zip Code			
Phone:	814 695 9995) (work)				
	724 541 7355) (cell)				
Email:	ail: Cmoilich @ cmail. com					
Date of Birth: (required for CACFP reporting)						
Are you	a former Child Advocates emp	loyee? () Yes No				
Are you a current or former Head Start parent? Yes () No						
Optiona	ıl:					
How did you hear about us? () CABC Website () Facebook () Altoona Mirror						
	CABO	Employee: Tery (Source			
	() Othe	er:				

Educational Background

	High School	College/University	Graduate/Professional
School Name	Blacklick Valley	Irchicas Onnersydea	
Years Completed	4	3	
Diploma/GED	Diploma		
Course of Study	General Ed.	elem ed ucction	

Employment Experience

1.	Employer: Old Caral Fro
	Address: 1004 Polair St Hollackydaug PA 16648
	Job Title: Manager
	Dates Employed: April 2014 - present
	Work Performed: 50 hodoling, sewing Inventory, Orcheurs, benting pyrol
2.	Employer: McDongld'
	Address: Cosoo PA
	Job Title: Manager
	Dates Employed: Accord 2011 - April 2014
	Work Performed: Payroll, baking that mant

Applicant's Certification

I certify that the answers given herein are true and complete to the best of my knowledge.

Signature

/ Revised: 09/14/2018