FOR BOARD APPOINTMENTS



7-25-2025
Data Completed
1. Name: MR STANTON THOMAS EUGANE MR.MRS.MS. LAST FIRST MIDDLEMAIDEN
2. Residence Address: 504 E ORANGE ST WAUCHULA HANDE COUNTY FLONIDA 33873 516-343-936 POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER
POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER 9 30
3. Board of Interest: Zoning
4. Current Employer and Occupation: RETINED
5. Are you a United States citizen? Yes to No □ If "No" explain:
If you are a naturalized citizen, date of naturalization:
6. How long have you continuously resided at the address listed above in question 2? 3 YEAN S
A. High School: Chelsen loc High School Year Graduated: 1976 B. College: ELNIVERSITY OF RHODE ISLAND Year Graduated:
B. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment. MPLOYER'S NAME & ADDRESS TYPE OF BUSINESS OCCUPATION/JOB TITLE PERIOD OF EMPLOYMENT
LOCAL#3/BEW ELECTRICAL ELECTRICAL D94EATINS
A. State your experiences and interests or elements of your personal history that qualify you for this appointment.
LICENSED MASTER ELECTRICIAN
LICENSED ASBESTOS HANDLER
CENTIFIED WELDEN N.Y.S. O. O.T.

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes \square No \square If "Yes", list:
MASTER ELECTRICIAN N.YC - 1985 -> LICENSED ASBESTOS HANDLER 1999 -> CENTIFIED WELDER 1977
LICENSED ASBESTOS HANDler 1999
CENTIFIED WELDER 1977
C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes \(\Bar{\text{No}} \) No \(\Bar{\text{Ves}}'', \) list:
D. Identify all association memberships and association offices held by you that relate to this appointment:
D. Identify an association memoerships and association offices neitably you that relate to any appointment.
10. List three persons who have known you well within the past five (5) years. Include a current, complete address and relephone number. Exclude your relatives.
NAME MAILING ADDRESS ZIP CODE AREA CODE/PHONE NUMBER
PRISCO LAUdisio 440 DEGRAW ST BROOKLYN NY 11217 917-337-4226
MARC Quitsch 103 RAILY COURT STATEN ISLAND NY 10312 646
MARIO THALASSINOS 3 KONEFALAVENUE PINE BUSH NY 12566 423-730
845-709-476

^{11.} Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have

been or will be appointed? Yes □ No ∰ If "Yes", explain:	
12. If required by law or administrative rule, will you file financial disclosure statements? Yes ▶ No □	
Signature of Applicant	