

CITY OF PERRYSBURG

CITY OF PERRYSBURG APPLICATION FOR A PUBLIC VOLUNTEER (COMMITTEE, COMMISSION, BOARD, OR AGENCY APPOINTMENT)

201 W Indiana Avenue | Perrysburg, OH 43551 | Office 419 872 8010 | www.ci.perrysburg.oh.us

Name of Applicant: _____
First Middle Initial Last

Address: _____

City, State, Zip: _____

Phone: _____
Cell Home Work

Email Address: _____

Appointment Applying For: _____

Are you a resident of the City of Perrysburg? Yes No

Are you registered to vote in the City of Perrysburg? Yes No

Are you related to any current employee of the City of Perrysburg, Ohio? Yes No

If yes, give name(s) and position(s): _____

Are you related to any other member of the committee, commission, board or agency for which you are applying?
 Yes No

Do you serve on any other public or not-for-profit boards? Yes No If yes, please identify:

Have you ever been convicted of a violation of any law that may disqualify you from serving on the committee, commission, board or agency for which you are applying? If so, please provide details:

EDUCATION

High School: _____ Year of Graduation: _____

Post High School Education

EMPLOYMENT HISTORY

Present or last employer: _____

Your title/duties: _____

Dates of employment: _____ to _____

Previous employment (list employers, position, dates of employment)

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REFERENCES

(List three persons not related to you who have personal knowledge of your qualifications for this appointment)

Name	Address	Phone
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STATEMENT

Please provide a brief statement as to why you feel you are qualified for this appointment.

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Are you aware of any circumstances that exist or could exist that would create a conflict of interest or the appearance of a conflict of interest if you are appointed to this board? Yes No

If yes, please explain:

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Please include any other information here that you feel would be of importance to the appointing authority in the selection process.

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I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements will void this application and any actions based on it.

Signature of Applicant: _____

Date: _____

Submission Information for Application for a Public Volunteer Appointment:

Email: administrator@ci.perrysburg.oh.us

Fax: (419) 872-8019

Mail or drop off: City of Perrysburg, Office of the Mayor, 201 W Indiana Avenue, Perrysburg, OH 43551