

# CITY OF KEYSTONE HEIGHTS

## Committee Application



APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
Street Address					Apartment/Unit #				
City				State		ZIP			
Phone			E-mail Address						
Position			Desired Salary			First Available Start Date			
Referred By									
Are you a resident of the City of Keystone Heights?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, for how long?				
Are you a registered voter in Clay County?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
EDUCATION									
High School			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
REFERENCES									
<i>Please list two professional references.</i>									
Full Name					Relationship				
Company					Phone				
Address									
Full Name					Relationship				
Company					Phone				
Address									
WHAT COMMITTEES/BOARDS ARE YOU APPLYING FOR?									
GROWTH MANAGEMENT <input type="checkbox"/>			CHARTER REVIEW COMMITTEE <input type="checkbox"/>			PLANNING & ZONING <input type="checkbox"/>		OTHER <input type="checkbox"/>	
HAVE YOU SERVED FOR THE CITY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>			IF YES, HOW AND WHEN						

