CITY OF KEYSTONE HEIGHTS

Committee Application



APPLICANT INFORMATION																	
Last Name							First			M.I.		Date					
Street Address								Apartme			ment/L	Jnit #					
City	City							State					ZIP				
Phone							E-mail	Address									
Position			Desired Sa			ary				st Availa rt Date	ble						
Referred By																	
Are you a resident of the City of Keys Heights?					tone YES N			Ю 🗌	If yes, for how long?								
Are you a registered voter in Clay Cou				nty?	YES 🗆 N		Ю 🗆	If so, when?									
Have you ever been convicted of a fel					ony?	YES 🗌	N	Ю	If yes, explain								
EDUCATION High School Address																	
High School			l Di		Did y	1/011			_								
From		То			graduate?		ES	NO Degree									
College			I			Α	ddress										
From	From		То			Did you graduate?		ES 🗌	NO Degree								
Other	er						Α	ddress									
From			То		Did y grad	ou uate?	Y	ES 🗌	NO 🗆 Deg		gree						
	REFERENCES Please list two professional references.																
		proid	essioi	iai reierences	•												
Full Name											nship						
Company									Phone								
Address																	
Full Name									Relatio	nship							
Company									Phone								
Address																	
WHAT COMMITTEES/BOARDS ARE YOU APPLYING FOR?																	
GROWTH MANAGEMENT CHARTER REVIEW PLANNING & Z								& ZONI	NG		ОТНЕ	ER .					
HAVE YOU SERVED FOR THE CITY BEFORE? YES NO				IF YES, HOW AND WHEN													
DLIOKES		ILJ [10													

TELL US ABOUT YOURSELF AND WHY YOU WOULD LIKE TO BE APPOINTED								
DISCLAIMER AND SIGNATURE								
I certify that my answers are true and complete to the best of my knowledge.								
If this application leads to appointment, I understand that false or misleading information in my application or interview may result in my release.								
Signature	ature Date							
PLEASE RETURN COMPLETED API								
BY MAIL TO Christina Meeks, Executive Assistant COMMITTEE Application PO Box 420 Keystone Heights FL 32656	BY EMAIL TO Christina Meeks assistant@keystoneheights.us Subject: Committee Application	HAND DELIVER TO Keystone Heights City Hall 555 S. Lawrence Blvd Keystone Heights FL 32656						