



# City of Keystone Heights

555 South Lawrence Blvd  
 Keystone Heights, Florida 32656  
 352.473.4807 Off 352.473.5101 Fax  
 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

*Please list two professional references.*

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		

