

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	First				M.I.	I	Date	
Street Address											Aparti	Apartment/Unit #			
City						State					ZIP				
Phone						E-mail	Address								
Position			Desired S			Salary					t Availa t Date	ble			
Referred By				·											
Are you a resident of the City of Keyst Heights?			tone	YES	N	Ю 🗆	If yes, for how long?								
Are you a registered voter in Clay Cou			inty?	YES	NO 🗆		If so, when?								
Have you ever been convicted of a fel			ony?	YES \square	NO 🗆		If yes, explain								
EDUCATION High School Address															
High School				D:4 .	D:1										
From		То			Did you graduate?		ES 🗆	NO Degree							
College					Α	ddress									
From	From			Did y grad	/ou uate?	Y	ES 🗆	NO 🗆	Deg	gree					
Other					Α	ddress									
From		То		Did y gradı				NO Degree							
REFERI															
		profess	ional referenc	ces.											
Full Name								Relationship							
Company		Phone													
Address															
Full Name										nship					
Company															
Address															
WHAT COMMITTEES (DOADES ARE YOU ADD VING TOD)															
WHAT COMMITTEES/BOARDS ARE YOU APPLYING FOR?															
GROWTH MANAGEMENT				CHARTER REVIEW COMMITTEE				PLANI	PLANNING & ZONING				OTHER	₹ 🗌	
HAVE YOU SERVED FOR THE CITY BEFORE? YES NO				IF YES, HOW AND WHEN											

TELL US ABOUT YOURSELF AND WHY YOU WOULD LIKE TO BE APPOINTED							
DISCLAIMER AND SIGNATURE							
I certify that my answers are true and cor	mplete to the best of my knowledge.						
If this application leads to appointment, I may result in my release.	understand that false or misleading inform	nation in my application	or interview				
Signature		Date					
DI FACE DETUDI COMPLETES AS	DI TOATTONIC TO						
PLEASE RETURN COMPLETED AP BY MAIL TO	PLICATIONS TO BY EMAIL TO		HAND DELIVER TO				
Debbie Etheridge, Executive Clerk	Debbie Etheridge		Keystone Heights City Hall 555 S. Lawrence Blvd				
COMMITTEE Application PO Box 420	<u>assistant@keystoneheights.us</u> Subject: Committee Application		Keystone Heights FL 32656				
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