APPLICATION FOR COMMITTEE APPOINTMENT

MEDINA COUNTY
144 North Broadway
Medina, Ohio 44256

NAME OF CANDIDATE: _____
First Middle Last

ADDRESS: _____
Street City/State Zip Code

TELEPHONE: _____ _____ S.S.#_____
Work # Home #

COMMITTEE/COMMISSION APPLYING FOR: **COUNTY HOME ADVISORY COUNCIL**

Are you related to any current employee of the County? ___No ___Yes
If yes, give name and position_____

Have you ever been convicted of a violation of any law, other than minor traffic (DWI convictions must be disclosed)? _____
_____
_____

EDUCATION:
High School: _____ Date of Graduation_____
Post-High School Education_____
_____
_____

MILITARY HISTORY: Branch of Service_____
Discharge Date_____ Type of Discharge_____
Highest Rank_____

EMPLOYMENT HISTORY:
Present or last employer_____
Your title/duties_____
_____
Dates of employment_____ to _____
Previous employment (list employers, position, dates or employment)
_____
_____
_____

REFERENCES (List three persons not related to you who have definite knowledge of your qualifications for this position)

Name Address Telephone

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_____

STATEMENT: Please provide a brief statement as to why you feel you are qualified for this appointment. If you are seeking re-appointment, please indicate what your contributions have been to the committee/commission during the time of your service.

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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_____

Please return completed applications by **OCTOBER 6, 2003** to the Medina County Commissioners Office, 144 North Broadway, Medina, Ohio 44256.