

Application for Committee Appointment City of Medina Boards and Commissions 132 N. Elmwood Avenue P.O. Box 703 Medina, Ohio 44256

Board/Commission Applying Fo	or:			
Name:				
(First)	(Middle Init	ial)	(Last)	
Address:				
(Street)		(Ci	ty)	(Zip Code)
Telephone:			-	
Telephone: (Work)	(Ho	me)	 (Cel	1)
E-Mail:				
Are you related to any current employee of the City? YES _ If yes, give the name and position:				
Are you an elected or appointed public official? YES _ If yes, please specify:			NO	
Have you ever been convicted	of a violation of any	law, other tha	n minor traffic? _	
Education:				
High School: Post High School Education:			te of Graduation:	
Military History:				
Branch of Service: Type of Discharge:			Discharge Date: Highest Rank:	
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Employment History:				
Present or last employer: Dates of employment: from	· /	/ +0:	. /	
Your title and duties:	·//	10:	/	
Previous Employment:				
i revious Employment.		/	/ /	/
Company	Position	From		



References: (list three people not related to you who have definite knowledge of your qualifications for this position)

Name	Address	Telephone No.
•	rief statement why you feel you are qualifi blease indicate what your contributions hav of your service.	
of my knowledge and belief at this application and any action	nade by me in this application are true, com nd are made in good faith. I understand th ns based on it. My signature below authori of this information including employment a	at any false statements will voic izes the City of Medina, or its
Signature of Applicant:		Date:
Please return the completed a at 132 N. Elmwood Ave., Med	application by: / / / ina, Ohio 44256.	_ to the Mayor's Office located