



CITY OF ZEELAND CONSIDERATION FOR APPOINTMENT



Date: _____

Name _____ Home Phone _____

Address _____ Cell Home _____

_____ Business _____

E-Mail _____ Number of Years as a Resident _____

Appointment Seeking:

- | | |
|---|---|
| <input type="checkbox"/> Board of Construction Appeals | <input type="checkbox"/> Airport Authority |
| <input type="checkbox"/> Alcohol Review Board | <input type="checkbox"/> City Council |
| <input type="checkbox"/> Library Board | <input type="checkbox"/> Cemetery/Parks Commission |
| <input type="checkbox"/> Board of Public Works Commission | <input type="checkbox"/> Local Officers Compensation Commission |
| <input type="checkbox"/> Board of Review | <input type="checkbox"/> Nominating Commission |
| <input type="checkbox"/> Shopping Area Redevelopment Board (SARB) | <input type="checkbox"/> Planning Commission |
| <input type="checkbox"/> Board of Zoning Appeals | Hospital Finance Committee |

Employed by _____ Position held _____

Current memberships _____

Offices held _____

Past memberships _____

Offices held _____

Please state any specific qualifications you possess which would be beneficial to the appointment you desire such as: special skills, interests, education, experience _____

Personal References:

Name and Occupation	Address	Phone No.
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1. _____

2. _____

Signature _____

Internal Use Only : Information Verified by: _____