

RECEIVED BY CLERK: _____

SUBMITTED TO COUNCIL

1. _____

2. _____

(Do not write above dotted line)

**APPOINTMENT DATA
BOARDS AND/OR COMMISSIONS
CITY OF CLARKSBURG, WEST VIRGINIA**

NAME: _____

EMAIL ADDRESS: _____

HOME ADDRESS: _____

(If P.O. Box Number, give street address also)

EMPLOYER NAME & ADDRESS: _____

HOME PHONE# _____

BUSINESS PHONE# _____

CELL PHONE# _____

POSITION _____

(Name of City Board/Commission/Authority)

WOULD YOU BE INTERESTED IN ANY OTHER BOARDS/COMMISSIONS? YES or NO

PRIOR SERVICE ON CITY BOARDS AND/OR COMMISSIONS? YES or NO

YEARS SERVED: _____

QUALIFICATIONS: _____

EDUCATIONAL BACKGROUND: _____

I WILL SERVE IF APPOINTED: YES or NO

(SIGNATURE OF PROSPECTIVE APPOINTEE)

SUBMITTED: _____

(Councilperson or City Manager)