



**APPLICATION FOR BOARD/COMMITTEE/COMMISSION APPOINTMENT**

**MEDINA COUNTY**

144 N. Broadway Street, Medina, Ohio 44256

COMMITTEE/BOARD/COMMISSION APPLYING FOR: \_\_\_\_\_

Check appropriate box:  New Appointment  Reappointment

NAME OF CANDIDATE: \_\_\_\_\_

First

Middle Initial

Last

ADDRESS: \_\_\_\_\_

Street

City

State

Zip Code

TELEPHONE: *(Please check preferred contact #):*

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Cell

Home

Work

EMAIL: \_\_\_\_\_

Are you related to any current employee of the County?  No  Yes

If yes, give name and position \_\_\_\_\_

Are you an elected or appointed public official?  No  Yes

If yes, please specify: \_\_\_\_\_

Have you ever been convicted of a violation of any law, other than minor traffic (*DUI convictions must be disclosed*)?  No  Yes (*if yes, please specify*) \_\_\_\_\_

**REFERENCES** (*List three people not related to you who are qualified to comment on your qualifications and capabilities*):

Name

Address

Telephone #

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

High School: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Post High School Education: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MILITARY HISTORY:**

Branch of Service: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Highest Rank: \_\_\_\_\_

