

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

Name	Address	Telephone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

STATEMENT: *Please provide a brief statement why you feel you are qualified for this appointment. If you are seeking reappointment, please indicate what your contributions have been to the Committee/Board/Commission during the time of your service.*

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. My signature below authorizes the Medina County Board of Commissioners, or its agents, to verify the accuracy of this information including employment and education verification.

Signature of Applicant: _____ Date: _____

Please return completed application by _____ to the Medina County Commissioners Office, 144 N. Broadway Street, Medina, Ohio 44256