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: _____

EMPLOYMENT HISTORY:

Present or last employer: _____

Dates of employment: from ____/____/____ to ____/____/____

Your title & duties: _____

Previous employment:

Company	Position	From	To
		/ /	/ /
		/ /	/ /

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 Commissioners Office, 144 N. Broadway Street, Medina, Ohio 44256, Fax 330-722-9206, or rbeck@medinacounty.gov. Thank you!