APPLICATION FOR APPOINTMENT

CITY OF HURON ❖ 417 Main Street ❖ Huron, OH 44839
(419) 433-5000 Fax (419) 433-5120

Appointment to any City of Huron Board and/or Commission is on a strictly volunteer basis.

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify Administration. Any City of Huron resident is encouraged to apply

BOARD APPLIED FOR: _____

PLEASE PRINT:

Name: _____ Date of Application: _____

Address: _____
Street Apt City State Zip

Telephone #: _____ Mobile/Other: _____

E-mail: _____

Please explain why you would like to be considered for appointment to this Board/Commission with the City of Huron. Use additional sheets if necessary

RELEVANT EXPERIENCE Please provide information regarding your employment/appointment history. This includes, but is not limited to present/past employers, assignments, or volunteer activities. Use additional sheets if necessary.

FROM / TO _____ EMPLOYER/ORGANIZATION _____

TELEPHONE # _____ ADDRESS _____

JOB TITLE: _____ SUPERVISOR _____ MAY WE CONTACT? _____

JOB DUTIES/RESPONSIBILITIES _____

FROM / TO _____ EMPLOYER/ORGANIZATION _____

TELEPHONE # _____ ADDRESS _____

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JOB TITLE: _____ SUPERVISOR _____ MAY WE CONTACT? _____

JOB DUTIES/RESPONSIBILITIES _____

SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses and/or certificates that should be considered for the appointment to which you are applying.

_____

_____

_____

EDUCATIONAL BACKGROUND

Name and Location	# of years completed	Graduated?	Course of Study
HIGH SCHOOL:			
COLLEGE:			
OTHER:			

REFERENCES: (Voluntary)

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

APPLICANT STATEMENT AND SIGNATURE:

Per section 2.08 (14) of the City of Huron Charter, I understand that the Huron City Council appoints and may remove the members of any Board or Commission created by Ordinance. I understand that the purpose of this application is to obtain relevant information in order to appoint individuals to City Boards and/or Commissions as created by Ordinance. I understand that the Mayor and Huron City Council do not unlawfully discriminate in their appointment practices and that no question of this application is used for the purpose of limiting or excluding any applicant from consideration for appointment. Furthermore I understand that appointment to City Boards and/or Commissions is strictly voluntary and is not compensated. I understand that no representative of the City of Huron is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Mayor. Lastly, I understand that if I am appointed to a Board and/or Commission, I will be responsible to familiarize myself with the City's Strategic Plan, Codified Ordinances and Ohio Sunshine Laws.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement

Signature of Applicant (required): _____ Date: _____