



**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 \_\_\_\_\_

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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
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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: \_\_\_\_\_