

PERSONAL HISTORY FORM
City of Statesboro Boards, Commissions and Committees

NAME OF BOARD INTERESTED IN: _____

NAME: _____

HOME ADDRESS (physical): _____ HOME PHONE: _____

MAILING ADDRESS (if different): _____

EMPLOYER: _____ JOB TITLE: _____

WORK ADDRESS (mailing): _____ WORK PHONE: _____

WHERE WOULD YOU LIKE TO RECEIVE MAIL FROM THIS COMMITTEE: HOME _____ WORK: _____

CURRENT MEMBERSHIP IN ORGANIZATIONS & OFFICES HELD: _____

PAST MEMBERSHIP IN ORGANIZATIONS AND OFFICES HELD: _____

LIST PREVIOUS SERVICE ON CITY BOARD/COMMISSION (Include Dates): _____

DO YOU ANTICIPATE A CONFLICT OF INTEREST IF ASKED TO SERVE AS A MEMBER OF A BOARD/COMMISSION?

() YES () NO IF YES, EXPLAIN: _____

STATE REASONS WHY YOU FEEL QUALIFIED FOR THIS APPOINTMENT (USE BACK OF SHEET IF ADDITIONAL SPACE IS NEEDED). _____

Note: This information along with other material will be used by the City Council in making appointments to Boards and Commissions. In the event you are appointed, it may be used as a basis for a news release.

APPLICATION SUBMITTED BY:

NOMINATED BY:

SIGNATURE/DATE

SIGNATURE/DATE