

APPLICATION FOR CHARTER REVIEW COMMISSION

City of New Franklin
5611 Manchester Road
New Franklin, OH 44319-4200



Thank you for your interest in applying for a position on the Charter Review Commission. We are committed to offering the highest possible level of services to our citizens. We want to have a complete understanding of your qualifications, motivations and interests, so that we can make a careful and deliberate Commission appointment that will benefit our City. Please answer the following questions honestly, completely and thoughtfully.

(PLEASE PRINT LEGIBLY):

PERSONAL INFORMATION

DATE OF APPLICATION: _____

NAME: _____
LAST FIRST MIDDLE INITIAL

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PHONE NUMBER: _____ SOCIAL SECURITY NO: _____ - _____ - _____

ARE THERE ANY DAYS OF THE WEEK WHEN YOU WOULD NOT BE AVAILABLE TO ATTEND MEETINGS? _____

EDUCATION AND TRAINING

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED:

1 2 3 4 5 6 7 8
Grade School

9 10 11 12
High School

1 2 3 4 5 6
College/University

1 2 3 4
Trade/Tech.

OCCUPATIONAL EXPERIENCE

NAME OF PRESENT OR LAST EMPLOYER: _____

ADDRESS _____
STREET CITY ST ZIP

TYPE OF BUSINESS: _____

DESCRIPTION OF YOUR WORK & RESPONSIBILITIES: _____

PREVIOUS EMPLOYMENT RELEVANT OR HELPFUL TO POSITION: _____

PREVIOUS BOARD/COMMISSION EXPERIENCE

PLEASE LIST ALL BOARDS OR COMMISSIONS ON WHICH YOU HAVE SERVED, WITH POSITIONS HELD, (Chair, Secretary, etc.)

AND DATES OF SERVICE: _____

SPECIAL SKILLS

WHAT EDUCATIONAL, EMPLOYMENT OR LIFE EXPERIENCE SKILLS HAVE YOU ACQUIRED, WHICH MIGHT BE HELPFUL IN

THIS POSITION? _____

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY

NOTE: FOR PURPOSES OF BREVITY, THE "CITY OF NEW FRANKLIN, IN SUMMIT COUNTY, OHIO," SHALL HEREINAFTER BE REFERRED TO AS "THE CITY."

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO EACH OF THE FOLLOWING STATEMENTS:

ALL OF THE INFORMATION I HAVE SUPPLIED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE, AND I HAVE NOT KNOWINGLY WITHHELD ANY INFORMATION THAT, IF KNOWN TO THE CITY, WOULD AFFECT MY APPLICATION UNFAVORABLY.

I GIVE THE CITY MY PERMISSION TO CONDUCT ANY INVESTIGATION REGARDING THE INFORMATION CONTAINED IN MY APPLICATION, WHICH THE CITY THINKS NECESSARY TO DETERMINE MY QUALIFICATIONS FOR ASSUMING THIS POSITION WITH THE CITY. I GIVE THE CITY MY PERMISSION TO CONTACT ANY FORMER EMPLOYER, SCHOOL, COLLEGE OR UNIVERSITY, ANY PERSONAL OR PROFESSIONAL REFERENCE, OR ANY OTHER APPROPRIATE SOURCE OR INDIVIDUAL FOR THE PURPOSE OF GATHERING ANY INFORMATION, PERSONAL OR OTHERWISE, THAT SUCH SOURCES MAY HAVE ABOUT MY CHARACTER, GENERAL REPUTATION, EDUCATION, OR EMPLOYMENT RECORD, AND I GIVE MY CONSENT TO ANY SUCH SOURCE TO RELEASE TO THE CITY WHATEVER INFORMATION THEY HAVE ABOUT ME. I ALSO UNCONDITIONALLY RELEASE ALL NAMED AND UNNAMED SOURCES FROM ANY AND ALL LIABILITY THAT MIGHT RESULT FROM FURNISHING AND INFORMATION ABOUT ME.

SIGNATURE: _____

DATE: _____