

APPLICATION FOR COMMISSION or COMMITTEE

City of Talent

110 East Main Street/PO Box 445

Talent, OR 97540

PH (541) 535-1566 FAX (541) 535-7423

Web: www.cityoftalent.org *E-mail:* talent@cityoftalent.org

1. I am applying for an appointment to a position on the following commission, committee, board or other body:

⇒⇒⇒ _____ ⇐⇐⇐

2. Name: _____

3. Mailing address: _____

City _____ State _____ Zip _____

4. Residence address (if different) _____

City _____ State _____ Zip _____

5. Current occupation: _____

(*NOTE * If retired or unemployed, state your general or past profession)

6. Phone number(s): Home: _____ Work: _____ Cell: _____

Email: _____ Fax: _____

7. How long have you lived in Talent?: _____

If you do not know if you live inside the city limits or urban growth boundary, please view the official zoning map at City Hall

8. How long have you lived in Jackson County?: _____

9. Are you an employee of the City of Talent, an occasional or potential contract employee, or have any other real or potential conflict of interest in working or serving in this capacity?

Yes _____ No _____ If yes, please describe: _____

10. I believe that I am qualified for and should be considered for the above position(s) and should be considered for the following reasons: (Attach additional sheet if necessary).

11. Signature: _____ Date: _____