

CITY OF SHADY COVE

22451 Highway 62 • P.O. Box 1210 • Shady Cove, OR 97539 Phone: 541.878.2225 • Fax: 541.878.2226

APPLICATION FOR COMMISSION OR COMMITTEE

PLEASE PRINT

DATE: POSI	TION APPLIE	ED FOR:	
	APPLICAN	IT INFORMATION	
Name:			
Physical Address:			
City:	State:		Zip:
Mailing Address:			
City:	State:		Zip:
Home Phone:	·	Cell Phone:	
Email Address:			
Current Occupation: (If retired or unemployed, state your general or	past profession.)		
How long have you lived in Shady Cov	re?		
How long have you lived in Jackson Co	ounty?		
Are you available to attend both dayti	me and evening	meetings when necessa	ry?
Are you an employee of the City of Sh other real or potential conflict of inter	ady Cove, an od est in working	ccasional or potential con or serving in this capacit No	tract employee, or do you have any y?
If yes, please describe:			
	QUAL	IFICATIONS	
I believe that I am qualified for and (continue on next sheet if necessary).	should be con :	sidered for the above po	osition(s) for the following reasons

Qualifications continu	ed (if necessary):	
Please use this space	to summarize why you are applying for this position:	
Please use this space	to add any additional information you would like to share:	
to the best of my kno	ation, electronically or otherwise, I affirm that all information includ wledge. I authorize the City of Shady Cove to publically review and o assist in responding to any questions asked which are relevant to t	discuss the information
Signature of applicant		Date
How to Submit:		
By email:	TCorrigan@shadycove.org City of Shady Cove, City Hall, 22451 Highway 62. Monday through I	Friday 8:00 AM to E:00
In person:	PM	-Huay, 8.00 AM to 5.00
By mail: By fax:	P.O. Box 1210, Shady Cove, OR 97539 541.878.2226	
Questions? Call City Hall at 541.8	78.2225 or send an email to the email as listed above.	
	CITY OFFICE USE ONLY	

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DATE RECEIVED	INITIALS		

The City of Shady Cove is an Equal Opportunity Provider.