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: _____ POSITION APPLIED FOR: _____

APPLICANT 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 Cove?		
How long have you lived in Jackson County?		
Are you available to attend both daytime and evening meetings when necessary?		
Are you an employee of the City of Shady Cove, an occasional or potential contract employee, or do you have any other real or potential conflict of interest in working or serving in this capacity? ☐ Yes ☐ No		
If yes, please describe:		

QUALIFICATIONS
I believe that I am qualified for and should be considered for the above position(s) for the following reasons *(continue on next sheet if necessary):*
_____
_____
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_____

Qualifications continued *(if necessary):*

_____

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Please use this space to summarize why you are applying for this position:

_____

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Please use this space to add any additional information you would like to share:

_____

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_____

By signing this application, electronically or otherwise, I affirm that all information included is true and accurate to the best of my knowledge. I authorize the City of Shady Cove to publically review and discuss the information provided herein and to assist in responding to any questions asked which are relevant to this position.

Signature of applicant	Date

How to Submit:

By email:	jedwards@shadycove.org
In person:	City of Shady Cove, City Hall, 22451 Highway 62. Monday through Friday, 8:00 AM to 5:00 PM
By mail:	P.O. Box 1210, Shady Cove, OR 97539
By fax:	541.878.2226

Questions?
Call City Hall at 541.878.2225 or send an email to the email as listed above.

CITY OFFICE USE ONLY	
DATE RECEIVED	INITIALS

The City of Shady Cove is an Equal Opportunity Provider.