

**CITY OF ASOTIN
APPLICATION FOR APPOINTMENT
TO CIVIL SERVICE COMMISSION**

We appreciate your interest in wishing to serve your City in this capacity. We ask your indulgence in completing this brief form so that the City Council can have sufficient information to make an appointment to the position open in the City of Asotin. This information is kept confidential and is for City Council use only.

PLEASE PRINT CLEARLY:

NAME: _____ ADDRESS: _____
MAILING: _____

PHONE NUMBER: (HOME) _____ (BUSINESS) _____

YEARS OF RESIDENCE IN ASOTIN _____ IN ASOTIN COUNTY _____

OCCUPATION: _____

Please give any training or experience which you possess that would be beneficial to be a member or the position you are applying for: _____

Special reasons for wishing to serve at this position: _____

Are you restricted from meeting at certain times? If so, please give times of day and/or days of the month. _____

Please furnish two references who could speak to your qualifications for the desired appointment:

NAME: _____ ADDRESS: _____
MAILING: _____

PHONE NUMBER:(HOME) _____ (BUSINESS) _____

NAME _____ ADDRESS: _____
MAILING: _____

PHONE NUMBER:(HOME) _____ (BUSINESS) _____

Please return this completed form to the City Clerk, 121 Cleveland Street, PO Box 517, Asotin, WA 99402. Please call 243-4411 with any questions.