



City of Asotin

www.cityofasotin.org

Phone: 509-243-4411 PO Box 517 121 Cleveland Street Asotin WA 99402 Fax: 509-243-1223

CITY OF ASOTIN

APPLICATION FOR APPOINTMENT TO THE CIVIL SERVICE COMMISSION

Applicant Name: _____

Address: _____ **City** _____ **State** _____ **Zip Code** _____

Mailing Address: _____ **City** _____ **State** _____ **Zip Code** _____

Work Phone: (____) _____ **Home Phone:** (____) _____ **Cell Phone:** (____) _____

E-Mail Address: _____

Occupation: _____ **Years of Residence in Asotin:** _____

Specialized training or experience that you would bring to the position.

Reasons for wishing to serve on this commission.

Any other pertinent information you want the City to consider when reviewing your application.

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 that would speak as to your qualifications for the desired appointment:

Name: _____

Mailing Address: _____ **City** _____ **State** _____ **Zip Code** _____

Work Phone: (____) _____ **Home Phone:** (____) _____ **Cell Phone:** (____) _____

Name: _____

Mailing Address: _____ **City** _____ **State** _____ **Zip Code** _____

Work Phone: (____) _____ **Home Phone:** (____) _____ **Cell Phone:** (____) _____

Please return this completed form to the City Clerk, 121 Cleveland Street, PO Box 517 Asotin WA 99402.
Please call 509-243-4411 with any questions.

The City appreciates your interest in wishing to serve your City in this capacity.