

CITY OF ATHENS COMMITTEE APPLICATION

815 North Jackson Street Athens, TN 37303

| Indicate Board/Commission/Committee for which you are applying: | | | | |
|---|--------------|--|-----------------|-------------|
| | | | | |
| Name: | | Home Phone: | Business Phone: | |
| Street Address: | | | | |
| Mailing Address: | | | | |
| City, State, Zip: | | | | |
| Date of Birth: | | Occupation: | | |
| Email Address, if available | e | | | |
| | | | | |
| Education: | | | | |
| High school diploma? Y | es 🗆 No 🗆 | If not, last year completed | i | |
| College Degree? Ye | es 🗆 No 🗆 | If not, last year completed | | |
| Other (describe briefly): | | | | |
| | | | | |
| Resident of Athens? Yes | s 🗆 No 🗆 | If yes, how long? | | |
| Registered Voter? Ye | | If yes, indicate the year of in which you voted: | | |
| Do you currently pay City | of Athens pi | coperty tax? Yes □ No [|] | |

| Pleas | se answer the following questions: |
|-------|---|
| 1. | Briefly describe why you wish to be considered for this appointment: |
| 2. | Describe qualifications that you possess which would benefit this board and the citizens of this community: |
| 3. | List <u>present</u> and <u>past</u> city boards, commissions, or committees on which you have served or continue to serve and indicate years of service on each: |
| 4. | List civic organizations within Athens and McMinn County of which you are an active participant: |
| 5. | List present and future expectations for the City of Athens: |
| 6. | The dates of board meetings are listed on the attached committee summary. Will your current employer/occupation allow you the opportunity to attend these meetings on a regular basis? Yes; No |
| 7. | Other Comments or suggestions: |
| | eby certify that the above information is true and accurate to the best of my knowledge. ture: Date: |
| | return this form to the City Manager's Office in the Athens Municipal Building, 815 North Jackson Street, or mail North Jackson Street, Athens, TN, 37303. If you have questions, please call 423-744-2702. |

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