



CITY OF BELLBROOK

APPLICATION FOR BOARD/COMMISSION

15 EAST FRANKLIN STREET, BELLBROOK, OHIO 45305
(937) 848-4666 WWW.CITYOFBELLBROOK.ORG

PERSONAL INFORMATION

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE (_____) _____ - _____ EMAIL _____

DESIRED APPOINTMENT

<input type="checkbox"/> BOARD OF ZONING APPEALS/PROPERTY REVIEW COMMISSION (5 YEAR TERM)	<input type="checkbox"/> PLANNING BOARD (5 YEAR TERM)
<input type="checkbox"/> VILLAGE REVIEW BOARD (3 YEAR TERM)	<input type="checkbox"/> HISTORICAL MUSEUM TRUSTEE (4 YEAR TERM)
<input type="checkbox"/> RECORDS COMMISSION (5 YEAR TERM)	

BACKGROUND

LENGTH OF RESIDENCE IN BELLBROOK _____ ARE YOU A REGISTERED VOTER? YES NO

CIVIC PARTICIPATION, INTERESTS, ACTIVITIES _____

QUALIFICATIONS FOR APPOINTMENT _____

REASONS I WOULD LIKE TO BE CONSIDERED _____

OTHER TRAINING/SKILLS _____

EMPLOYMENT HISTORY

PRESENT OR PAST EMPLOYER(S)	JOB TITLE	YEARS

SIGNATURE _____ DATE ____/____/____

PLEASE FEEL FREE TO ATTACH YOUR RESUME OR ADDITIONAL INFORMATION.