THE VILLAGE OF MIDDLEFIELD
Municipal Complex

14860 North State Avenue, P.O. Box 1019, Middlefield, Ohio 44062
Phone: (440) 632-5248
Fax: (440) 632-0591

APPLICATION FOR COMMITTEE APPOINTMENT

NAME OF CANDIDATE: _____
first middle last

ADDRESS: _____
street city state zip code

TELEPHONE: _____ _____
work # home #

COMMITTEE/BOARD APPLYING FOR: _____

Are you related to any current employee of the Village? ☐ No ☐ Yes

If yes, give name and position _____

Have you ever been convicted of a violation of any law, other than minor traffic offenses? (DWI convictions must be disclosed) _____

STATEMENT: Please provide a brief statement as to why you feel you are qualified for this appointment. If you are seeking re-appointment, please indicate what your contributions have been to the committee during the time of your service.

SIGNATURE OF APPLICANT _____ DATE _____