

APPLICATION FOR CITY OF DODGE CITY ADVISORY BOARDS

NAME: _____ OCCUPATION: _____

ADDRESS: _____ TELEPHONE: _____

E-MAIL: _____

Advisory Board(s) you wish to be considered for:

Tell us about your educational background:

School

Dates Attended

Major

Work history:

Job and Title

Dates of Employment

To the best of your knowledge, would the appointment of you to the _____ advisory board create any conflicts of interest due to your employment or business endeavors? If yes, please explain:

Have you ever served on any advisory board, committee, etc. of another public body? If you have, please tell us something about it.

Tell us about other qualifications you have which you feel qualify you for an appointment.

Signature: _____ Date: _____

Please return to: City Manager's Office, City Hall, P.O. Box 880, Dodge City, Kansas 67801-0880. Fax: 620-225-8144.
E-mail: abbeym@dodgecity.org.

Thank you for your interest!