

APPLICATION FOR MUSCATINE COUNTY CIVIL SERVICE COMMISSION

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ E-MAIL ADDRESS: _____ DATE: _____

POLITICAL PARTY AFFILIATION: _____ (Per Code of Iowa, no more than 2 members of the Civil Service Commission shall be members of the same political party)

Place of employment (and/or activities such as hobbies, volunteer work, etc., that you feel may qualify you for the position):

The following questions will assist the Board of Supervisors in its selection; however, it is **not** necessary to complete this information to be eligible for consideration.

• How much time will you be devoting to this committee? _____

• Reason for applying? _____

• Contributions you feel you can make to the Board/Commission: _____

• Direction/role you perceive of this Board/Commission: _____

In lieu of/in addition to the above, do you have any comments to add that may assist the Board of Supervisors in its selection?

RETURN COMPLETED APPLICATION BY 4:30 P.M. ON January 30, 2020 TO:

MUSCATINE COUNTY ADMINISTRATION OFFICE

414 E THIRD STREET, SUITE 101

MUSCATINE, IOWA 52761-4142

YOUR APPLICATION WILL BE RETAINED IN OUR FILES FOR ONE YEAR