

COUNTY OF KALKASKA
605 N BIRCH STREET
KALKASKA, MI 49646
231-258-3349 FAX 231-258-3337
dhill@kalkaskacourt.org

COMMITTEE/BOARD APPLICATION

Position or which you are applying: _____

Full Name: _____

Home Address: _____

Home# _____ Cell# _____ Business # _____

Email Address: _____

Education: _____

Employment Experience: _____

Are you on a Classified Executive Service List Register: YES _____ NO _____

Are you only interested in a paid position? YES _____ NO _____

How much time are you willing to commit to a voluntary, non-paid position? _____

What special skills could you bring to this position? _____

Previous Committee/Board Appointments: _____

References:

Name: _____ Relationship to you: _____ Phone: _____

Name: _____ Relationship to you: _____ Phone: _____

Name: _____ Relationship to you: _____ Phone: _____

I, _____ certify that the information provided in this statement is, to the best of my knowledge, true and accurate.

Signature: _____ Date: _____

(Rev.7/30/2021)