

COUNTY OF KALKASKA

605 N BIRCH STREET

KALKASKA MI 49646

231-258-3336

FAX 231-258-3318

Position for which you are applying: _____

Full Name (please include middle name): _____

Home Address: _____

Business Address: _____

Home #: _____ Business #: _____ Fax #: _____

Date of Birth: _____ Drivers License #: _____

Education: _____

Employment Experience: _____

Are you on a Classified Executive Service List or Civil Service Register: Yes _____ No _____

Are you only interested in a paid position? Yes _____ No _____ Required Salary: _____

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/Significant Supporters:

Name: _____ Relationship to you: _____ Telephone #: _____

Name: _____ Relationship to you: _____ Telephone #: _____

Name: _____ Relationship to you: _____ Telephone #: _____

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

Signature: _____ Date: _____