

**CITY OF NEWTON FALLS
COMMISSION/BOARD APPLICATION**

DATE: _____

Application for membership on _____
(Name of Commission or Board)

Name: _____

Address: _____

Phone Number: _____ Home

_____ Cell

_____ Work

Are you a qualified elector of the City of Newton Falls _____ yes _____ no.

* **Civil Service, Planning & Zoning applicants.** Per the Newton Falls City Charter no member shall hold any other office, employment or position with the City.

Do you hold any other office, employment or position with the City of Newton Falls.

_____ yes (if so please explain) _____

_____ no

****Civil Service applicants only:** Article VI, Commissions and Boards, Section 1. Civil Service Commission, Paragraph 2; "No member of the Civil Service Commission shall hold any other office or employment with the City and not more than two such members shall be members of the same political party".

Please indicate political party _____

Office use only:

Date of Council Meeting application considered: _____

Vote: _____ for _____ against

Motion made by: _____, seconded by _____

Commission/Board Appointment Effective:

From _____ To _____

Explanation:

Dates advertised:

Applications accepted until: