

**CITY OF MUSCLE SHOALS
P.O. BOX 2624
MUSCLE SHOALS, ALABAMA 35662-2624**

Application for Appointment/Reappointment to _____ Board.

Name _____

Address _____

Telephone

Home/Business _____ / _____

1) List qualifications you possess that will be beneficial to this board: Attach resume if desired.

2) Are there any conflicts that will prevent you from attending board meetings:

3) List any immediate family members (spouse, child, brother, sister, parents) employed under the jurisdiction of this board (Civil Service Board also includes mother/father-in-law, grandparents, brother/sister-in-law, nephew, niece, aunt, uncle):

4) Are you registered to vote in the City of Muscle Shoals? Yes _____ No _____

Voting location: _____

Please provide three references not related to you

Name

Telephone Number

SIGNATURE OF APPLICANT

DATE

Revised 6/2/06