



CITY OF OAKWOOD
APPLICATION OF INTEREST FOR APPOINTMENT TO CITY COUNCIL VACANCY

TO: COUNCIL OF THE CITY OF OAKWOOD, OHIO **DATE:** _____

Name: _____ Employer: _____

Home Address: _____ Employer Address: _____

Zip Code: _____ City & State: _____

Home/Cell Telephone: _____ Business Telephone: _____

E-mail: _____ Business E-mail: _____

Length of Residence in Oakwood: _____

Registered Voter (Y/N): _____

Educational/Technical Background:

High School Post High School College Degree Post Graduate

Remarks on Background and Experience: _____

Current/Previous Employers	Title	Years
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Civic Participation, Interests & Activities: _____

Reasons for Seeking Appointment to City Council: _____

PLEASE FEEL FREE TO ATTACH ADDITIONAL INFORMATION.

Signed: _____ **Date:** _____

Please note that this application is a public record under the Ohio Public Records Act, ORC 149.43.