



CITY OF CORNING

APPLICATION FOR COMMISSION APPOINTMENT

Date: _____

Name: _____

Home Address: _____

Phone No.: _____

Business Address: _____

Phone No.: _____

Occupation: _____

Do you reside within the City of Corning? Yes No

What qualifications do you have that will assist the Commission of your choice in fulfilling its functions? _____

Have you served on other Boards, Committees, or Commissions? Yes No

If so, please list them:

Have you researched the time and travel commitments associated with serving on this Commission? Yes No

Can you meet those commitments? Yes No

Please comment on your reasons for seeking this appointment.

Signature

STATE LAW REQUIRES THAT APPOINTMENTS TO BOARDS AND COMMISSIONS BE CONSIDERED BY THE CITY COUNCIL IN OPEN SESSION AND YOU MAY BE ASKED TO BE PRESENT FOR AN INTERVIEW.

THE CITY OF CORNING IS AN EQUAL OPPORTUNITY EMPLOYER