

TOWN OF PORTSMOUTH, RHODE ISLAND



**BOARDS/COMMISSIONS/COMMITTEES  
APPLICATION**

DATE: \_\_\_\_\_ NEW APPOINTMENT: \_\_\_\_\_ RE-APPOINTMENT: \_\_\_\_\_

**BOARD/COMMISSION/COMMITTEE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS (if different):** \_\_\_\_\_

**TELEPHONE NUMBERS: HOME:** \_\_\_\_\_ **WORK:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**PRESENT EMPLOYER NAME & ADDRESS:** \_\_\_\_\_

**LENGTH OF EMPLOYMENT:** \_\_\_\_\_

**IF LESS THAN 2 YEARS, PREVIOUS EMPLOYER:** \_\_\_\_\_

**EDUCATIONAL BACKGROUND:** \_\_\_\_\_

**WORK EXPERIENCE RELATED TO THE POSITION BEING APPLIED FOR:**  
\_\_\_\_\_  
\_\_\_\_\_

**IF RE-APPOINTMENT: PERCENTAGE OF MEETINGS ATTENDED DURING PREVIOUS TERM:** \_\_\_\_\_

**PROVIDE A BRIEF EXPLANATION OF YOUR INTEREST IN THIS POSITION:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF APPLICANT:**     *Zem Koit*