City of Dakota City Board/Commission Member Application

Name:				
Address:				
City:	State:	Zip:		
Prior Address:				
Home Phone:	Cell Phone:	Email:		
Desired Board/Commi	ssion:			
Education and Trainin	g:			
Elementary:				
JR High/Middle	School:			
High School:				
College:	Majo	Major:		
Skilled Training	:Spec	Specialization:		
Other Special Sk	xills and Training:			
Employment:				
Dates Start-End	Company Name	Address & Phone		

Prior Public Serv	vices:			
Board/Commission/Organization		Date	Dates Start-End	
References:				
Name	Address	Phone	Relationship	
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As an applicant i	for a member of Dakota Ci	ty's(Board you	are applying for)	
certify that the	above statements and info	ormation are correc	t.	
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Applicant's Signature			Date	