



COMMISSION APPOINTMENT DATA FILE

Name: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

E-mail: _____ Date of Birth _____

Occupation: _____

Years of residency in East Moline? _____ US Citizen? _____

Educational background: _____

Military experience: _____

Languages spoken (other than English) _____

Have you ever held a public elected office? _____

Special skills, qualifications and other experiences: _____

Awards received: _____

What are your goals in serving as an appointee on a board or commission for the City of East Moline?

Office Use Only

Board/Committee Appointed To: _____

Date of Appointment _____ Length of Term _____ Appointed by Mayor _____