



# Town of Kilmarnock

P.O. Box 1357  
Kilmarnock, VA 22482  
804-435-1552

## TOWN OF KILMARNOCK, VA., USA

### Town Council appointment/BOARD/COMMITTEE/COMMISSION APPLICATION

DATE \_\_\_\_\_

Position in which you are interested:

\_\_\_\_\_

Name \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Phone (Work) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Occupation/Employer \_\_\_\_\_

#### Educational Background

School	Dates	Area of Study	Cert or Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### Places you have lived, length of residence (in reverse order)

(a) \_\_\_\_\_ Dates \_\_\_\_\_

(b) \_\_\_\_\_ Dates \_\_\_\_\_

(c) \_\_\_\_\_ Dates \_\_\_\_\_

Specific experiences, training or interests which you have that you feel would be useful in the work of this body (If additional space is needed, please use the back of this form):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by \_\_\_\_\_