



CITY OF LIBBY

952 E. SPRUCE | POST OFFICE BOX 1428

PHONE 406-293-2731 | FAX 406-293-4090 | WEBSITE: www.cityoflibby.com

APPLICATION FOR APPOINTMENT

Name: _____

Street Address: _____

Mailing Address (if different): _____

Phone (home): _____ (cell) _____

E-mail Address: _____

Current Occupation: _____ Have you been a resident of Libby for at least 60 days? Yes No

Are you a US Citizen? Yes No Are you registered voter in Libby? Yes No

Educational Background:

Some High School Diploma/HSED Associates Degree Bachelors or higher

What position are you applying for? _____

What is your interest in serving for the City of Libby?

Please list any community or civic service experience:

Do you have any special knowledge or experience that could help qualify you for a position within the City of Libby?

Please provide two (2) personal references with contact information:

Have you attached a current resume? Yes No

Signature: _____ Date: _____

The City of Libby thanks you for your willingness to serve and will be in contact to discuss your application for appointment.