

City of Libby Libby Montana

www.cityoflibby.com

PO Box 1428 952 E. Spruce Street Libby MT, 59923 (406) 293-2731 Fax (406) 293-4090

APPLICATION FOR APPOINTMENT

| Name: | |
|--|--|
| Street Address: | |
| | |
| | (cell) |
| E-mail Address: | |
| Current Occupation: | Have you been a resident |
| Are you a US Citizen? | o Are you registered voter in Libby? Yes No |
| Educational Background: | |
| Some High School Diploma/HSE | ED Associates Degree Bachelors or higher |
| What position are you applying for? | |
| What is your interest in serving for the | City of Libby? |
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| Please list any community or civic service experience: | |
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| Do you have any special knowledge or experience that could help qualify you for a position within the City of Libby? | |
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| Please provide two (2) personal references with contact information: | |
| | |
| Have you attached a current resume? | |
| Signature: Date: | |
| The City of Libby thanks you for your willingness to serve and will be in contact to discuss yo | \11t |

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