covington
chamber
of commerce
PO Box 8041
Covington, WA 98042
253-631-6117

COVINGTON ECONOMIC DEVELOPMENT COUNCIL APPLICATION

Name**:** (Last)_____ (First) _____

Address: (Street) _____

(City) _____(State) _____ (ZIP) _____

Length of time at current residence: _____

Live within three miles of city limits? Yes / No (Circle one)

Do you work inside city limits? Yes / No (Circle one)

Email Address: _____

Work Phone: (___) ____-_____ Home Phone: (___) ____-_____

Occupation: _____ Years of Experience: _____

Work Address: _____

Education: _____

Community Related Activities

Volunteer Experience:

1. Organization: _____

   Length of Service: _____

2. Organization: _____

   Length of Service: _____

Skills/Special Interests

Experience Related to Position Applied for:

_____

_____

Why are you seeking appointment on this council?

_____

_____

Would there be any conflict of interest as a result of your appointment? Yes / No (Circle one)

If yes, please explain.

_____

_____

_____

References

1. Name: _____

   Address: _____

   Phone: _____

   Occupation: _____

   Years Known: _____

2. Name: _____

   Address: _____

   Phone: _____

   Occupation: _____

   Years Known: _____

How did you hear about this opening?

_____

_____

_____