

Qualifications continued *(if necessary)*:

Please use this space to summarize why you are applying for this position:

Please use this space to add any additional information you would like to share:

By signing this application, electronically or otherwise, I affirm that all information included is true and accurate to the best of my knowledge. I authorize the City of Shady Cove to publically review and discuss the information provided herein and to assist in responding to any questions asked which are relevant to this position.

Signature of applicant

Date

How to Submit:

- By email: admin@shadycove.net
- In person: City of Shady Cove, City Hall, 22451 Highway 62. Monday through Friday, 8:00 AM to 5:00 PM
- By mail: P.O. Box 1210, Shady Cove, OR 97539
- By fax: 541.878.2226

Questions?

Call City Hall at 541.878.2225 or send an email to Bonnie Picket as listed above.

CITY OFFICE USE ONLY

DATE RECEIVED

INITIALS