

# APPLICATION

Date: \_\_\_\_\_

Name of Commission, Board or Committee: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Village: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you a County Resident? ( ) yes ( ) no

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

## QUALIFICATIONS

Please be as specific as possible; include information that is targeted toward the Commission, Board or Committee you are applying for. You may attach your personal resume. If you need more space, please attach additional sheets of paper.

Return to: **Office of the County Administrator**

Attn: Sharon Rasmuson

721 Oxford Avenue, Room 3520

Eau Claire, WI 54703-5481

**Email:** [admin@co.eau-claire.wi.us](mailto:admin@co.eau-claire.wi.us)