CITIZEN APPLICATION FOR APPOINTMENT TO A NATRONA COUNTY COMMITTEE/COMMISSION/BOARD

ALL INFORMATION ON THIS FORM IS PUBLIC RECORD

Please return to:

Casper Natrona County Health Department 475 S Spruce St, Casper, WY 82601

PLEASE TYPE OR PRINT CLEARLY

NAME				
(Last)	(First)		(MI)	
PREFERRED ADDRESS	HOME	WORK		
CITY/TOWN			ZIP	
HOME PHONE #	MO	BILE PHONE #		
EMPLOYER				
OCCUPATION				
BUSINESS PHONE #				
I am interested in a position on I have included a letter of in	1		ment's Board of Health	
What education or special training do			ne appointment to this position?	
What work experience or other experiposition?	ience do you have which will l	pe beneficial in carryi	ing out the responsibilities of this	
Referred by: Self Other _				
Please submit with a resume, letter of Board. You will be contacted regardi opening available, we encourage you	ing interview dates and times.	It is possible there m	ay be more candidates than Board	