



City of Cleveland Heights  
40 Severance Circle  
Cleveland Heights, Ohio 44118

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## RESIDENT BIOGRAPHICAL INFORMATION FORM

DATE RECEIVED: \_\_\_\_\_  
(for official use)

Thank you for your interest and willingness to serve Cleveland Heights. To be considered for appointment to any Cleveland Heights board or commission, please answer all questions on this form. If a resume is available, you may attach a copy to your completed form. Please return the completed form to the Clerk of Council's Office, Cleveland Heights City Hall, 40 Severance Circle, Cleveland Heights, Ohio 44118 or submit this form as an email.

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

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ Email: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

Length of residence in Cleveland Heights: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Select the board or commission on which you wish to serve.

List any other boards or commissions on which you would consider serving.

What special qualities, abilities, skills, insights or perspectives do you possess which would be of value to a City board or commission?

What educational training (formal or informal), employment and other life experiences have helped you develop the qualities, abilities, etc., described above?

Please list your recent community, professional or charitable involvements. List the most recent first.

What are your goals for our community and are there areas in which you believe the City needs improvement? How would your service on a board or commission help achieve those goals and improve the City?

Do you have other responsibilities which would prevent you from participating in board or commission work during certain hours or on certain days?

State any additional information you would like to have considered.

To help us continue our tradition of encouraging broad-based community participation on City boards and commissions, you may – but are not required to – provide the following information:

GENDER: F \_\_\_\_\_ M \_\_\_\_\_ RACE OR ETHNIC ORIGIN: \_\_\_\_\_

\_\_\_\_\_  
your signature

Please return this form to: Clerk of Council's Office  
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