



# CITY OF PORTSMOUTH, N.H. BOARDS AND COMMISSIONS

## APPOINTMENT APPLICATION

*Instructions: Please print or type and complete all information  
Please submit resume' along with this application*

Committee: \_\_\_\_\_ **Renewing applicant**

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

Could you be contacted at work? YES/NO - If so, telephone # \_\_\_\_\_

Street address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Email address (for clerk's office communication): \_\_\_\_\_

How long have you been a resident of Portsmouth? \_\_\_\_\_

Occupational background:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you be able to commit to attending all meetings? YES/NO

Reasons for wishing to continue serving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Please list any organizations, groups, or other committees you are involved in:

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Please list two character references not related to you or city staff members:

1) \_\_\_\_\_  
Name, address, telephone number

2) \_\_\_\_\_  
Name, address, telephone number

BY SUBMITTING THIS APPLICATION YOU UNDERSTAND THAT:

1. This reappointment application is for consideration and does not mean you will necessarily be reappointed to this Board/Commission; and
2. The Mayor will review your application, may contact you, check your references, and determine any potential conflict of interests; and
3. This application may be forwarded to the City Council for consideration at the Mayor's discretion; and
4. If this application is forwarded to the City Council, they may consider the application and vote on it at the next scheduled meeting.
5. Application will be kept on file for one year from date of receipt.

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

CITY CLERK INFORMATION ONLY:

New Term Expiration Date: \_\_\_\_\_

Annual Number of Meetings: \_\_\_\_\_ Number of Meetings Absent: \_\_\_\_\_

Date of Original Appointment: \_\_\_\_\_

**Please submit application to: City Clerk's Office, 1 Junkins Avenue, Portsmouth, NH 03801**