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CITY OF ROLLA POSITION INTEREST FORM

On the lines below, please indicate the exact title of the position in which you are interested. A separate form must be completed and submitted for each position in which you are interested. The information from this form will be kept on file for 12 months for future positions available.

In order to be retained in our files, this form must be completed entirely and correctly.

If you have an address or telephone number change, it is your responsibility to submit a new position interest form.

Please P	rint			
DATE:				
POSITIO	ON OF IN	TEREST:		
DEPAR'	TMENT (optional):		
Name				Phone Number
	Last	First	MI	
Address				Alt. Number
	Street			
	City	State	Zip	If under 18, date of birth
Return form to:		City of Rolla ATTN: Steffanie Ro PO Box 979 Rolla, MO 65402	ogers	

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