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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 Print**

DATE: \_\_\_\_\_

POSITION OF INTEREST: \_\_\_\_\_

DEPARTMENT (optional): \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ Alt. Number \_\_\_\_\_  
Street

\_\_\_\_\_ If under 18, date of birth \_\_\_\_\_  
City State Zip

Return form to: City of Rolla  
ATTN: April Mathews  
PO Box 979  
Rolla, MO 65402