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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
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