Today's Date:

City of Molalla
APPLICATION FOR APPOINTMENT

Please print or type

Must be received in City Recorder's Office
Open Position

Please indicate which Board, Commission, or Council you are interested in serving:

PERSONAL INFORMATION:

Name		Years of Residency in Molalla?
Street	City/State/Zip	Registered Voter? ☐ Yes ☐ No
E-mail address		Cell / home phone

EMPLOYMENT:

Current Employer Name/Address		
Position	How long?	Work Phone
Work Experience		

EDUCATION:

Years Completed	*Degrees*
Colleges	
Certifications	

COMMUNITY INVOLVEMENT: ***Attach additional pages if necessary.***

Describe volunteer activity within this or other communities
Do you presently serve on a City board or committee? ☐ Yes ☐ No

Send completed application to: City Recorder's Office, City of Molalla, 117 N. Molalla Ave., Molalla OR 97038 or Fax to 503-829-3676 or e-mail recorder@cityofmolalla.com. Questions? Call 503-759-0285

If yes, which board or committee?
In 50 words or less, explain why you desire appointment.
List any relevant experiences, skills, or interests that have helped to prepare you for your role.

- *Attach a resume if desired.*
- *The information requested herein becomes public record upon submittal. A written request to not disclose certain information may be submitted to the City Recorder's Office for consideration.*

I certify that the foregoing information is true and correct.

Signed (Applicant) ***Date***

For Office Use Only	
Date Received: _____	Term assigned: _____
Date Appointed: _____	Residency confirmed: _____
	Voter Registration confirmed: _____

Send completed application to: City Recorder's Office, City of Molalla, 117 N. Molalla Ave., Molalla OR 97038 or Fax to 503-829-3676 or e-mail recorder@cityofmolalla.com. Questions? Call 503-759-0285