

Today's Date:

City of Molalla
APPLICATION FOR CITY COUNCIL APPOINTMENT

Please print or type

Must be received in City Recorder's Office
Open Position



City Council Appointment valid through December 31, 2020

PERSONAL INFORMATION:

Name	Years of Residency in Molalla?
Street City/State/Zip	Registered Voter? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

- *Attach a resume if desired.*
- *To access the City Council Orientation Handbook, please access the following link:*
<https://www.cityofmolalla.com/cityrecorder/page/councilor-roles-responsibilities-elections>
- *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.*
- *This Council seat is open until filled.*

I certify that the foregoing information is true and correct.

Signed (Applicant)

Date

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