



**APPLICATION FOR APPOINTMENT TO BOARD, COMMISSION OR COMMITTEE**

**Board, Commission or Committee to which you are seeking appointment:**

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**Applicant Name and General Information**

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First MI Last

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Home Street Address

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City State Zip

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Home phone Work phone Cell phone

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E-mail address

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Date of Birth **(to be completed only by applicants for Public Safety Advisory Board for purposes of criminal history check to ensure compliance with Port Angeles Municipal Code 2.26.020)**

**Certification and Location Information (circle one)**

Are you employed by the City of Port Angeles? Yes    No

Are you a citizen of the United States? Yes    No

Are you a City resident? Yes    No

If so, how long \_\_\_\_\_

Do you own/manage a business in the City? Yes    No

Do you hold any professional licenses, registrations or certificates in any field? Yes    No

If so, please list: \_\_\_\_\_

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Are you aware of any conflict of interest which might arise by your service on a City Board or Commission? If so, please explain:

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**Work Experience** - List most recent experience first, or attach a resume

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Employer	Title	From (M/Y)	To (M/Y)
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Brief job description

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Employer	Title	From (M/Y)	To (M/Y)
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Brief job description

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Employer	Title	From (M/Y)	To (M/Y)
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Brief job description

**Education** - List most recent experience first

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Institution/Location	Degree earned/Major area of study	Yes No Graduated?
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Institution/Location	Degree earned/Major area of study	Yes No Graduated?
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Institution/Location	Degree earned/Major area of study	Yes No Graduated?
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**Charitable, Social and Civic Activities and Memberships** - List major activities you have participated in during the last five years

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Organization/Location	Group's purpose/objective	# of members
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Brief description of your participation: \_\_\_\_\_

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Organization/Location	Group's purpose/objective	# of members
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Brief description of your participation: \_\_\_\_\_

**Questions**

Why are you interested in serving on this particular Board or Commission?

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What in your background or experience do you think would help you in serving on this Board?

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What is your understanding of the responsibilities of this particular Board or Commission?

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Please feel free to add any additional comments you wish to make regarding your application.

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Applicant Signature

Date

**Submit completed forms to:**

**OFFICE OF THE CITY MANAGER**  
City of Port Angeles  
321 E. 5<sup>th</sup> Street  
PO Box 1150  
Port Angeles, WA 98362

In compliance with the Americans with Disabilities Act, if you need special accommodations because of a physical limitation, please contact the City Manager's Office at 417.4500 so appropriate arrangements can be made.