



APPLICATION FOR APPOINTMENT TO BOARD, COMMISSION OR COMMITTEE

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

Applicant Name and General Information

First MI Last

Home Street Address

City State Zip

Home phone Work phone Cell phone

E-mail address

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: _____

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

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

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

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

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

Education - List most recent experience first

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

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

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Brief description of your participation: _____		

Questions

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

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

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

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

Applicant Signature

Date

Submit completed forms to:

OFFICE OF THE CITY MANAGER
City of Port Angeles
321 E. 5th 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.