



The City of Port Angeles City Council Application

City Council Application

Applicant Name and General Information

First MI Last

Address City State Zip

Home phone Work phone Cell phone

E-mail address

Certification and Location Information

Yes or No

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

Are you a citizen of the United States?.....Yes No

Are you a Registered Voter?.....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 the City Council? If so, please explain:



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

Employer

Brief job description

Employer

Brief job description

Employer

Brief job description

Education – List most recent experience first

Institution/Location	Degree earned/Major area of Study	Graduated?	
		Yes	No
<hr/>	<hr/>	Graduated?	
		Yes	No
<hr/>	<hr/>	Graduated?	
		Yes	No
<hr/>	<hr/>	Graduated?	
		Yes	No

Charitable, Social and Civic Activities and Memberships – List major activities you have participated in during the last five years

<hr/>	<hr/>
Organization/Location	Group's purpose/objective
<hr/>	<hr/>
Brief description of your participation	
<hr/>	<hr/>
Organization/Location	Group's purpose/objective
<hr/>	<hr/>
Brief description of your participation	



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Questions

1. Why are you interested in serving on the Port Angeles City Council?

2. What is your background or experience do you think would help you in serving on the City Council?

3. What is your understanding of the responsibilities of the City Council?

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

Applicant Signature

Date

Submit completed forms to:

Office of the City Clerk
City of Port Angeles
321 East 5th Street
Port Angeles, WA 98362

Kari Martinez-Bailey
360-417-4634
kmbailey@cityofpa.us

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 360-417-4500 so appropriate arrangements can be made.

This document and all attached information is considered a public record and may be distributed to members of the City Council for appointment consideration. Additionally, it may become a part of a City Council packet.