

City of Clawson, Michigan
APPLICATION FOR APPOINTMENT TO
CITY BOARD / COMMISSION
(PLEASE USE A PEN WITH BLACK INK WHEN COMPLETING THIS FORM)

NAME _____ NAME OF BOARD _____

ADDRESS _____ LENGTH OF CITY RESIDENCE _____

PHONE (Home) _____ (Work) _____

E-MAIL ADDRESS _____

EMPLOYER _____

PROFESSION _____ DATE _____

REASON FOR INTEREST _____

PAST EXPERIENCE ON OTHER CITY BOARDS, CHURCHES, CIVIC GROUPS:

NAME AND DATE _____

EDUCATION:

COLLEGE

OTHER

HIGH SCHOOL _____

RELATED EMPLOYMENT EXPERIENCE (Please use dates)

(1) _____

(2) _____

OTHER RELEVANT INFORMATION (memberships, associations, etc. – or attach another page):

OFFICE USE ONLY

Submitted to Council for review on: _____ Appointment approved by Council: Yes / No on _____