

CITY OF STAYTON APPLICATION FOR COMMISSION/COMMITTEE

NAME OF COMMISSION/COMMITTEE:		CHECK ONE: New Applicant Application for reappointment
Years resided in Stayton:		
PLEASE PRINT		
Name		
Address		Home Ph#
Email Address		_ Cell Ph#
Occupation		
Place of Employment		
Business Address		
Phone I	Email	

1. Please give a brief description of the experience or training that qualifies you for membership on this commission/committee. (If you wish, you may attach a resume or other pertinent material.)

2. Why do you want to become a member of the above-mentioned commission/committee and what specific contribution would you hope to make?

3. Please list the community concerns related to this commission/committee that you would like to see addressed if you are appointed.

4. Briefly describe your present or past involvement in relevant community groups. (Having no previous involvement will not disqualify you for appointment.)

5. Are you currently serving on any Advisory Boards, Commissions or Committees? If so, which ones?

6. How did you learn about this vacancy?

_____ Our Website _____ Word of mouth _____ Other

7. Are you employed by, have any business, contractual arrangements or family connections with programs having contractual agreements with the City that might be within the purview of the committee on which you are seeking appointment?

Signature of Applicant		Date
<u>PLEASE RETURN TO</u> :	City of Stayton 362 N. Third Avenue Stayton, OR 97383	

It is the policy of the City to comply with all federal and state statutes on equal employment opportunity. This policy shall be applied without regard to any individual employee or job applicant's sex, race, color, religion, national origin, ancestry, age, marital status, political affiliation, genetic information, veteran status or any other legally protected status per state and federal law.

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION