

CITY OF CEDARBURG

BOARD, COMMISSION OR COMMITTEE APPOINTEE

Date of Application: _____

Name _____

Address _____

Telephone (home): _____ Fax (home): _____

City resident since _____

Occupation _____ Present Employer _____

Does your employer allow you to receive telephone calls during working hours? Yes ___ No ___

If yes: Telephone: _____ Fax: _____

Name(s) of boards, commissions or committees on which you are interested in serving:

List of community or other activities in which you have participated:

Experience/education/interests apropos to appointment (including prior municipal committee experience):

What nights are you available for meetings? Mon ___ Tues ___ Wed ___ Thurs ___

(If you require additional space to answer any of the above, please feel free to use the back of this form.)

Note: Please attach a resume if available.

Candidates should attend the Council meetings at which their appointment will be discussed. Upon confirmation, the oath of office will be administered at that meeting by the City Clerk.