



**CITY OF COMMERCE
BOARDS, COMMISSIONS, AUTHORITIES, AND ADVISORY
COMMITTEES MEMBERSHIP**

GENERAL APPLICATION FOR APPOINTMENT

NAME: _____ DATE: _____

ADDRESS: _____ HOME PHONE: _____

CITY/ZIP: _____ WORK PHONE: _____

ARE YOU A CITY RESIDENT? _____ YES _____ NO HOW LONG? _____

COMMERCE CITY COUNCIL WARD (CIRCLE): 1 2 3 4 5

E-MAIL ADDRESS: _____

BOARD/COMMISSION/AUTHORITY/COMMITTEE APPLIED FOR: _____

NEW APPOINTMENT: _____ REAPPOINTMENT: _____

PLEASE LIST ANY CURRENT MEMBERSHIP(S) YOU HAVE ON ANY **CITY OF COMMERCE** BOARD, COMMISSION, AUTHORITY, OR COMMITTEE:

HOW LONG HAVE YOU SERVED ON THE ABOVE LISTED ENTITY? _____

THE CITY ENCOURAGES ALL INTERESTED PARTIES TO ATTEND ONE OR MORE MEETINGS OF THE BOARD, COMMISSION, AUTHORITY, OR COMMITTEE FOR WHICH THEY ARE SEEKING APPOINTMENT. HAVE YOU ATTENDED ANY MEETINGS? _____ YES _____ NO IF SO, HOW MANY? _____

NAME/ADDRESS OF EMPLOYER: _____

OCCUPATION: _____

EDUCATIONAL BACKGROUND: _____

PROFESSIONAL EXPERIENCE: _____

COMMUNITY SERVICE/CIVIC ORGANIZATION AFFILIATIONS: _____

IN WHAT WAYS DO YOU THINK YOU CAN CONTRIBUTE TO THE PRIMARY MISSION OF THE ORGANIZATION TO WHICH YOU ARE REQUESTING TO BE APPOINTED?

WHAT AREAS DO YOU FEEL MAY BE IMPROVED IN THIS ORGANIZATION?

WHY ARE YOU SEEKING THIS APPOINTMENT? _____

DO YOU AGREE TO ABIDE BY THE ATTENDANCE POLICY OF THE BOARD, COMMISSION, AUTHORITY, OR ADVISORY COMMITTEE TO WHICH YOU ARE APPLYING? _____ YES _____ NO

IN THE EVENT THAT THE BOARD, COMMISSION, AUTHORITY, OR ADVISORY COMMITTEE DOES NOT HAVE AN ATTENDANCE POLICY, DO YOU AGREE TO ABIDE BY THE ATTENDANCE POLICY LISTED BELOW? _____ YES _____ NO

ATTENDANCE POLICY: IF ANY MEMBER FAILS TO ATTEND TWO (2) OF THREE (3) SUCCESSIVE MEETINGS WITHOUT CAUSE AND WITHOUT PRIOR APPROVAL OF THE CHAIRPERSON, THE BOARD, COMMISSION, AUTHORITY, OR ADVISORY COMMITTEE SHALL DECLARE THE MEMBER'S SEAT VACANT, AND THE MAYOR AND COUNCIL SHALL PROMPTLY APPOINT A REPLACEMENT.

I CERTIFY THAT THE ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR APPOINTMENT AS MAY BE NECESSARY IN ARRIVING AT A DECISION FOR APPOINTMENT TO A CITY OF COMMERCE BOARD, COMMISSION, AUTHORITY OR COMMITTEE. I UNDERSTAND THAT FALSE INFORMATION GIVEN IN MY APPLICATION WILL RESULT IN DISQUALIFICATION FROM CONSIDERATION. YOUR SIGNATURE ON THIS FORM CONFIRMS THAT YOU HAVE READ AND ACKNOWLEDGE ALL OF THE ENCLOSED INFORMATION, AND THAT YOU ARE WILLING TO COMMIT THE TIME REQUIRED TO FULFILL THE RESPONSIBILITIES OF THE APPOINTMENT YOU ARE REQUESTING. YOUR SIGNATURE ALSO ACKNOWLEDGES THAT YOU AUTHORIZE YOU UNDERSTAND THE APPLICATION PROCESS AND THE ATTENDANCE POLICY OF THE BOARD YOU ARE APPLYING FOR.

APPLICANT'S SIGNATURE

DATE

