

APPLICATION FOR CITY OF VENETA COUNCIL VACANCY

PLEASE PRINT

NAME _____
(Last) (First)

ADDRESS _____ HOME PHONE _____

EMAIL ADDRESS _____ CELL PHONE _____

OCCUPATION _____

PLACE OF EMPLOYMENT _____

BUSINESS ADDRESS _____

WORK PHONE _____

Required Information:

DATE YOU BECAME A RESIDENT OF THE CITY:

ARE YOU A REGISTERED VOTER?

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

2. Why do you want to become a member of the City Council and what specific contribution would you hope to make?

3. Please list the community concerns that you would like to see addressed if you are appointed.

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION

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?

_____ Newspaper _____ 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 Council?

Signature of Applicant _____ Date _____

PLEASE RETURN TO: **City of Veneta**
 P. O. Box 458
 88184 Eighth Street
 Veneta, OR 97487
 FAX (541) 935-1838 **Phone (541) 935-2191**

The City of Veneta does not discriminate against any person on the basis of race, color, national origin, disability, or age in employment or in admission, treatment, or participation in its programs, services, and activities.

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