



## CITY COUNCIL APPOINTMENT APPLICATION

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Committee/Board Service:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Qualifications for Appointment:

Education, Work Experience and/or Civic Background:

Public Service and/or Civic Involvement:

Do you reside in the city of Shelton?	Yes	No
Do you hold an elected or appointed public position or office?	Yes	No
If "Yes," what position or office?		
Do you, or any member of your family, receive compensation from any person or entity that engaged in any contracts transactions or activities with Shelton City government in the past five years?	Yes	No
Do you, or any member of your family, have a direct financial interest in any person or entity that engaged in any transactions or activities with Shelton City government in the past five years?	Yes	No
Have you, or any member of your family, served in the past five years as an officer, director, trustee, or employee of an entity that engaged in any contracts or transactions or activities with Shelton City government?	Yes	No

**SIGNATURE OF APPLICANT & Date, or if submitted electronically, NAME OF APPLICANT & Date:**

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Please attach a resume. Applications may be emailed to City Clerk Donna Nault at [donna.nault@sheltonwa.gov](mailto:donna.nault@sheltonwa.gov), or turned in at the City of Shelton Civic Center at 525 W. Cota Street, Shelton, WA.