

CITY OF SAGINAW

BOARDS – COMMISSIONS – COMMITTEES - AUTHORITIES APPLICATION AND AFFIDAVIT OF ELIGIBILITY

Thank you for your interest to serve the City of Saginaw. For consideration of appointment or reappointment complete the application and return via email to clerk@saginaw-mi.com, fax to 989.759.1447, mail to City Clerk's Office, 1315 S. Washington Ave., Saginaw, MI 48601 or apply online at www.saginaw-mi.com.

I AM APPLYING FOR					
Board, Commission, Committee or Aut	:hority:				
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GENERAL INFORMATION					
Name:			Are you a U.S. citizen? ☐ Yes ☐ No)	
Last	First	Middle			
Address:Street		City	State Zip		
		·	Cidio Zip		
Employer:			How long have you lived continuously		
Business Address:			in the City of Saginaw?	-	
Email Address:					
Phone #: Home:	Work:		Cell:		
				_	
CONFIDENTIAL IDENTITY VERIFICA	TION				
SSN Last 4 Digits ONLY:					
				_	
EDUCATION					
College, Trade, or Other School Attended	Major/Minor or Other Degree		te Graduated or tes of Attendance		
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Professional Qualifications and/or Work Experience:					
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ΑF	FIDAVIT OF ELIGIBILITY			
1.	I hereby certify that I am not in default with the City of Saginaw. Default means I owe past due monies or have failed to make required Income Tax filings. City Charter requires that I am not in default to the City of Saginaw.			
2.	I hereby certify that I have not been convicted of any felony other than those listed below or on a sheet attached to this Affidavit.			
3.	I hereby certify and attest that the foregoing information is factual and true.			
	Applicant Signature Date			
- - -	References: List 3 references with name/address/telephone #			
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-	Reasons for desire to serve:			