

CITY OF LAKEWOOD
6000 Main Street SW
Lakewood, WA 98499
Phone: (253) 589-2489 Fax: (253) 589-3774

APPLICATION FOR APPOINTMENT

The information in this document is subject to public disclosure and can be made available to the public.

I wish to be considered for appointment to the following committee, board or commission:

- Arts Commission
- Citizens' Transportation Advisory Committee
- *Civil Service Commission – (Please see box below for additional questions.)
- Community Development Block Grant (CDBG) Citizens Advisory Board
- Human Services Funding Advisory Board
- Lakewood's Promise Advisory Board
- Landmarks and Heritage Advisory Board
- Lodging Tax Advisory Committee- (Organizations representing businesses required to collect hotel/motel tax, and organizations involving in activities authorized to be funded by hotel/motel taxes and local agencies involved in tourism promotion.)
- Parks and Recreation Advisory Board
- Planning Advisory Board
- Public Safety Advisory Committee
- Redevelopment Advisory Board

Name: _____
(Please Print)

Current Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ E-mail: _____

Present Employer: _____

Address: _____ Work Phone: _____

CIVIL SERVICES COMMISSION APPLICANTS. PLEASE ANSWER QUESTIONS BELOW.

*How long have you resided at the home address above? ____ Years ____ Months

*Prior Home Address: _____ For how long? _____

*Are you a citizen of the United States? Yes ____ No ____ (*Submit I-9 Form attached)

*Are you a registered voter of Pierce County? Yes ____ No ____

*What political party are you affiliated with? _____

*Requirement of RCW 41.12 for Civil Service Commission appointments

Hobbies/Interests: _____

Have you previously served or are you currently on one of the Boards or Commissions listed above? Yes ___ No ___ If yes, please explain: _____

Date available for appointment: _____

Are you available to attend evening meetings? Yes ___ No ___

Are you available to attend daytime meetings? Yes ___ No ___

Approximately how many hours each month can you devote to City business? _____

Recommended by: _____

Education: _____

Professional and/or community activities: _____

Please share some of your experiences or qualifications that you have relating to the work of this board, committee or commission: _____

Please explain why you would like to be part of this board, committee or commission:

If necessary, are you available for an interview prior to appointment? Yes ___ No ___
Attach additional pages, if needed.

ATTENDANCE: Individuals appointed are expected to attend meetings regularly. The Council expects to be informed in the event any Committee, Board or Commission member has three unexcused absences. The Council, may in the event of three unexcused absences, dismiss the individual from service.

EXPECTATIONS: Adhere to City of Lakewood's Code of Ethics, regular attendance at meetings (three or more unexcused absences may be cause for removal), mutual respect among members, good listener, and flexible.

PLEASE RETURN THIS FORM TO:

City of Lakewood
City Clerk's Office
6000 Main Street SW
Lakewood, WA 98499
(253) 589-2489 Fax: (253) 589-3774

I hereby certify that this application and any other materials and/or documents provided in this application process contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge.

Signature: _____ Date: _____