

## City of Walled Lake Application Form for Boards & Commissions

Name:	Date:		
Address:			
A completed application is required from any person Commissions to determine the qualification of each process and nomination by the Mayor, it shall be the	applicant. Upon completion of the application ar	nd review	
	Circl	e One:	
Are you over 18 Years of Age?	Yes	No	
Citizen of the United States?	Yes	No	
Are you in Default to the City?	Yes	No	
Have you ever been dismissed from or aske If yes, please explain:	ed to resign from any position? Yes	No	
Telephone:	Email:		
Occupation:	Employer:		
Are you or any members of your family Ele If so, please list who:	ected Officials of the City? Yes	No	
List in order of preference the position(s you would accept:	) you are interested in and appointmen	nts which	
1			
2			
3			
Describe why you are interested in a Board Please provide details on a separate sheet: Are there any other experiences, skills or quappointment to a Board or Commission wit (Applicants seeking a Mayor's nomination information in written form.)	ualifications you feel would especially qu	ualify you for	
List each position you have held with the C	ity of Walled Lake, if any.		
MILITARY SERVICE RECORD:			
Were you in the US Armed Forces?	What Branch?		
Rank at Discharge:	Type of Discharge?		

## **RECORD OF EDUCATION:**

			From			To	
Name	, City & State of Educational Institution	Mo.		Yr.	Mo.		Yr.
Degre	es Earned	If No	Degree, C	redits Ear	ned	C	verall GPA
			From			To	
Name	, City & State of Educational Institution	Mo.		Yr.	Mo.		Yr.
Degre	es Earned	If No	Degree, C	redits Ear	ned	C	verall GPA
			_			_	
Nama	, City & State of Educational Institution	Mo	From	Yr.	Mo.	To	Yr.
Name	, City & State of Educational Institution	Mo.		11.	WIO.		11.
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Degre	es Earned	II NO	Degree, C	redits Ear	nea		Overall GPA
DED	CONAL.						
	SONAL:  How long have you lived in Welled Lake?						
1.	How long have you lived in Walled Lake?						
2	Previous Residence:						
2.	Previous Residence:				C	ircle O	10
3.	Have you ever been charged with a misden	neanor (	or felony	, ?	Yes	iicic Oi	No
٥.	If so, when, where and nature of offense on separate		of iciony	•	1 03		140
	if so, when, where and nature of offense on separate	c sneet.					
4. Have you ever been convicted of a criminal of		1 offens	se?		Yes		No
	If so, please provide details on a separate sheet:		· - •		_ 30		= . =
5.	Are there any felony charges pending again	nst you?	•		Yes		No
	If so explain on a separate sheet:						

residents.					
1. Name:	Address:	Phone #			
2. Name:	Address:	Phone #			
3. Name:	Address:	Phone #			
All sections Must Be Completed:					
I understand that false statements on this application may be grounds for removal from any office to which I may be appointed.					
Signature:		_			
Received by:		Date:			
Disposition:					

List three (3), including name, address, and telephone number. At least two must be city

**REFERENCES:** 

**Authority**: City of Walled Lake Charter, Section 4.5 (g) Duties of Mayor

(g) It shall be the duty of the Mayor to nominate qualified persons to the Council and various Boards and Commissions, and it shall be the Council's duty to accept or reject those nominations.

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## PLEASE READ AND SIGN BELOW

I certify that the facts set forth in this Application for Appointment to Boards and Commissions, in my resume and in the materials I have submitted are true and complete. I hereby authorize the City of Walled Lake (hereinafter "The City"), to contact all my former and current employers, educational institutions, and other references I have provided and any other person or entity, regarding me and my performance record and work, academic and/or military experience and driving record (if applicable). I also hereby release the City and its employees, City Council, elected officials, and agents and all of my former and current employers, educational institutions, and other references I have provided and others contacted by the City, from any and all liability and damages for releasing or using information concerning me and my performance record and work, academic and/or military experience, and driving record (if applicable).

I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA397, to receive written notice from the City or any former or current employer, that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while employed will be or have been disclosed to a third party or entity. I also understand that the City may, in its sole discretion, conduct or have conducted by an individual or entity of its choice, a conviction-only-criminal background history on me. I hereby consent to this search being conducted and to disclosure of the results of that search by the individual or entity conducting the search to the City. I hereby release the individual or entity conducting the search, the City and its employees, City Council, elected Officials and agents, form any and all liability, claims and damages, including but not limited to, claims for releasing or using any information revealed as a result of this search. I also understand and acknowledge that false information provided by me or a criminal conviction will result in disqualification from office.

Print Name:	
Signature:	
<u></u>	
Date:	Notary Signature:
Commission Expires:	