CITY OF WALLED LAKE

APPLICATION FORM FOR APPOINTEES

Name:_____ Date: _____

Address: _____

Are you over 18 Years of Age? Yes _____ No _____ Telephone: _____

Occupation: _____ Employer: _____

Education and/or Related Experience: _____

_____

_____

Citizen of the United States? _____ Are you in Default to the City? _____

Are any Members of Your Family Elected Officials to the City? _____

If so, please whom?_____

List in Order of Preference the Position (s) Interested In, and Appointments

Which You Would Accept:

1._____

2. _____

3. _____

4. _____

Special Qualifications, If Any:_____

_____

Describe Why You Are Interested in This Position: _____

_____

_____

PERSONAL: 1. How Long Have You Lived in Walled Lake? _____

2. Previous Residence: _____

3. Have you Even Been Convicted of a Crime (Other Than Minor Traffic Violations)? _____ If So, Please Provide Details:

_____

_____

_____

REFERENCES: LIST THREE (3), INCLUDING NAME, ADDRESSES AND TELEPHONE NUMBERS. AT LEAST TWO MUST BE CITY RESIDENTS.

NAME	ADDRESS	PHONE #

This Section Must Be Completed