



## **Application For City Council District 2 Position 2**

The information provided on this questionnaire will be used by the City Council in considering your appointment.

Please complete each section, if applicable.

Please attach additional materials (Resume, Letters of Reference) that you would like considered as part of your Application.

Date Stamp

Applicant's Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How long have you been a continuous resident of the City of Spokane and of District 2 \_\_\_\_\_

If less than seven years, please list all addresses within last seven years. \_\_\_\_\_

Are you registered to vote in the City of Spokane? \_\_\_\_\_

Do you meet all of the qualifications to hold elective offices as defined in the Spokane City Charter Article II Section 6? \_\_\_\_\_

### **EDUCATIONAL HISTORY**

High School: \_\_\_\_\_ Diploma Earned: \_\_\_\_\_

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

College/University: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

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

Any other training or education that you believe is relevant? \_\_\_\_\_

### **EMPLOYMENT HISTORY**

Current or Last Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## ORGANIZATIONS AND CIVIC EXPERIENCE

List any community, civic, trade or professional organization in which you have been active.

Organization/Project \_\_\_\_\_ City/State \_\_\_\_\_ To/From \_\_\_\_\_

Organization/Project \_\_\_\_\_ City/State \_\_\_\_\_ To/From \_\_\_\_\_

Organization/Project \_\_\_\_\_ City/State \_\_\_\_\_ To/From \_\_\_\_\_

Have you ever been elected or appointed to any public office, board or commission in Washington State. If so, please list.

Title/Position \_\_\_\_\_ Office/Board/Commission \_\_\_\_\_ Election/Appt. Date \_\_\_\_\_ Term Length \_\_\_\_\_

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## SUPPLEMENTAL QUESTIONS

(Please use an additional page to answer the following. Limit answers to 200 words each.)

1. Why are you interested in serving on the Spokane City Council?
2. What do you think the Spokane City Council's role in municipal government should be?
3. How does your specific experience make you qualified to serve as a City Council member?
4. What is your level of understanding of the City of Spokane's budget, and how would your personal or professional budget management experience inform your budget priorities as a Council Member?
5. What is your availability to attend all meetings, meet with constituents, spend the time to become informed for meetings, engage in outreach to the community, and attend all required intergovernmental boards and commissions assigned to you, including meetings both during regular business hours and after business hours?
6. What is the most pressing issue facing the City of Spokane and how would you plan to address it as a Council Member?



## REFERENCES

The following individuals are qualified to comment on my capabilities. Please identify one personal and two professional references.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## UNDERSTANDING OF APPLICATION

I, \_\_\_\_\_, certify that I have read and understand all questions and statements contained in this application, further, that all statements I have made herein are true and correct to the best of my knowledge and belief.

I understand that applications are subject to the Washington State Public Records Act, which provides an exemption from public inspection and copying of certain personal information as set forth in the Act.

NOTE: Information contrary to State laws against discrimination is not sought or utilized.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE RETURN A HARD COPY OF THIS FORM TO THE  
CITY CLERK'S OFFICE – CITY HALL, 5<sup>TH</sup> FLOOR**