



Office of the City Council
7th Floor, City Hall
808 W. Spokane Falls Blvd, Spokane, WA 99201
509-625-6250

Date Stamp

Application For City Council District 3 Position 1

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.

Applicant's Name	<input type="text"/>		
Residence Address	<input type="text"/>		
Mailing Address	<input type="text"/>		
Email:	<input type="text"/>	Home Phone:	<input type="text"/>
		Cell Phone:	<input type="text"/>
How long have you been a continuous resident of the City of Spokane and of District 3	<input type="text"/>		
If less than seven years, please list all addresses within last seven years.	<input type="text"/>		
	<input type="text"/>		
Are you registered to vote in the City of Spokane?	<input type="text"/>		
Do you meet all of the qualifications to hold elective offices as defined in the Spokane City Charter Article II Section 6?	<input type="text"/>		

EDUCATIONAL HISTORY

High School:	<input type="text"/>	Diploma Earned:	<input type="text"/>
Address:	<input type="text"/>		
College/University:	<input type="text"/>	Degree Earned:	<input type="text"/>
Address:	<input type="text"/>		
Any other training or education that you believe is relevant?	<input type="text"/>		

EMPLOYMENT HISTORY

Current or Last Employer:	<input type="text"/>	Position:	<input type="text"/>	Dates:	<input type="text"/>
Address:	<input type="text"/>	Phone:	<input type="text"/>		
Previous Employer:	<input type="text"/>	Position:	<input type="text"/>	Dates:	<input type="text"/>
Address:	<input type="text"/>	Phone:	<input type="text"/>		

ORGANIZATIONS AND CIVIC EXPERIENCE

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

Organization/Project	<input type="text"/>	City/State	<input type="text"/>	To/From	<input type="text"/>
Organization/Project	<input type="text"/>	City/State	<input type="text"/>	To/From	<input type="text"/>
Organization/Project	<input type="text"/>	City/State	<input type="text"/>	To/From	<input type="text"/>

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

Title/Position	<input type="text"/>	Office/Board/Commission	<input type="text"/>	Election/Appt. Date	<input type="text"/>	Term Length	<input type="text"/>
Title/Position	<input type="text"/>	Office/Board/Commission	<input type="text"/>	Election/Appt. Date	<input type="text"/>	Term Length	<input type="text"/>
Title/Position	<input type="text"/>	Office/Board/Commission	<input type="text"/>	Election/Appt. Date	<input type="text"/>	Term Length	<input type="text"/>

SUPPLEMENTAL QUESTIONS

(please use an additional page to answer the following)

1. Describe your civic involvement in the Spokane community.
2. Why are you interested in serving on the City Council?
3. How does your specific experience make you qualified to serve as a City Council member?
4. Is there any other information that you believe should be considered? If so, please set forth.

REFERENCES

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

Name:	<input type="text"/>	Relationship:	<input type="text"/>	Phone:	<input type="text"/>
Name:	<input type="text"/>	Relationship:	<input type="text"/>	Phone:	<input type="text"/>
Name:	<input type="text"/>	Relationship:	<input type="text"/>	Phone:	<input type="text"/>

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, 5th FLOOR**