| *For Office Use Only* |
|---|
| Date Received: _____ |
| 1st, 2nd, 3rd Choice Interest: |
| 1. _____ |
| 2. _____ |
| 3. _____ |

# APPLICATION FOR APPOINTMENT
## To a Task Force

## Personal

| Last Name | First Name | | MI | Home Telephone Number |
|---|---|---|---|---|
| Street Address | City | State | Zip Code | E-mail Address |
| Occupation | Work Telephone | Place of Employment | | |
| Are you willing to attend meetings on a regular basis? YES NO | Have you ever served as a member of any City of West Bend Board, Commission, or Committee? YES NO | | | |

If yes, specify which one and the approximate dates of service:

_____

_____

_____

_____

## Appointment Preference (Please indicate 1st, 2nd and 3rd choice)

| | | | |
|---|---|---|---|
| _____ | Budget Repair Bill | _____ | Police Station/City Hall |
| _____ | Municipal Code | _____ | Vision |
| _____ | Asset Management | _____ | Municipal Budget Process |
| _____ | Community Development/ Economic Development | _____ | Value |
| | | _____ | Committees/Boards/Commissions |

## Education and Training

| School | Name and Location of School | Course of Study | No. of Years Completed | Did you Graduate? | Degree or Diploma |
|---|---|---|---|---|---|
| College | | | | ☐ Yes<br>☐ No | |
| Business/Trade/ Technical | | | | ☐ Yes<br>☐ No | |
| High School | | | | ☐ Yes<br>☐ No | |

## Community\Volunteer Experience (List any civic or community activities in which you have been involved.)

_____

_____

_____

_____

_____

_____

I understand that my attendance at all regularly scheduled meetings is critical and that the Mayor may appoint a replacement for members who are chronically absent from regular meetings.

_____ _____

Applicant's Signature Date

All applications are kept on file for one year. During that time your application will be considered when there is an opening.

- Please notify the Mayor's Office at 262-335-5111 if you move or no longer wish to be considered for appointment.
- Please feel free to attach a resume and/or copies of any certificates pertinent to the appointment you are seeking.
- Mail or deliver you application to: City of West Bend, Mayors Office, 1115 S. Main St, West Bend, WI 53095

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Appointed to: _____ Date Appointed: _____