## THREE RIVERS CITIZEN'S INTEREST FORM FOR THE CITY COMMISSION THIRD DISTRICT

The following questionnaire is designed to obtain specific information as to your interest and qualifications for serving on the City Commission. Please take the time to complete the questionnaire and return it to the City Clerk. If you have any questions, please contact a City Commissioner, the City Manager, or the City Clerk. Feel free to attach additional comments or resume information that you may wish to submit. Please print or type the information.

|  | DATE                                 |
|--|--------------------------------------|
| NAME   | HOME PHONE                           |
| HOME ADDRESS   |                                      |
| EMAIL ADDRESS  |                                      |
| EMPLOYMENT (FIRM & OCCUPATION)                                   |                                      |
|  |                                      |
| BUSINESS ADDRESS   |                                      |
| TELEPHONE (WORK)   | MAY WE CONTACT YOU AT WORK? (YES/NO) |
| AREA OF SPECIAL KNOWLEDGE  |                                      |
|  |                                      |
| PRESENT SERVICE ACTIVITIES (e.g., church, scouting civic, etc,.) |                                      |
|  |                                      |
| INTERESTS  |                                      |

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| What special experience or education do Commission?  | you have for serving on the   |
|--|---|
|  |   |
|  |   |
|  |   |
|  |   |
| AS AN INDIVIDUAL INTERESTED IN SERVING ON<br>REALIZE THAT THE FOLLOWING INFORMATION W<br>PERMISSION TO REQUEST ANY CRIMINAL RECOR<br>ON AN ADVISORY BOARD/COMMISSION.  | ILL PROVIDE THE CITY WITH MY  |
| PRINT FULL NAME  | DATE OF BIRTH   |
| MAIDEN NAMES, NICKNAMES  |   |
| PLEASE CAREFULLY READ THE FOLLOWING request that any criminal court record(s) may be or from any other means which you may have, and such court records of convictions. I hereby waive against you, your department, or court, or any of your furnishing such records. I also agree to hold suffered from the release of this information both information as well as the firm authorized to receive | e obtained from an examination of my files of may be released to the bearer, stating any and all rights which I may have your officers or employees by reason of I harmless in the event of damages the department and court releasing such |
| Signature (Full Written Name)  | Date of Signature   |
| Return form to:  | BY: April 15, 2019 BY 4:30 pm   |

Return form to: City Clerk 333 West Michigan Avenue Three Rivers, MI 49093