



1000 Laurel Street * Milton, WA 98354
Phone: (253) 922-8733 * Fax (253) 922-2385

APPLICATION FOR PUBLIC SERVICE (Please Print)

Position Applied For: _____ Date: _____

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ E-mail _____

City Resident? Yes No How Long? _____ Registered Voter? Yes No

Name of Employer: _____

Employer Address: _____

Educational Background: _____

Professional Experience: _____

Organization Affiliations: _____

Why Are You Seeking Appointment? _____

Is There Any Reason You Would Be Unable to Attend Meetings? Yes No

If yes, please explain: _____

General Remarks/Comments: _____

Signature: _____

OFFICIAL USE ONLY

Confirmed by Council: _____ Term to End: _____
(Date) (Date)

Remarks: _____
