

APPLICATION FOR MEMBERSHIP:

(Fillable Form OR Print Form and Hand Print Responses – Attach Resume if Desired)



Board/Commission Being Applied For _____

NAME: _____

DATE: _____

ADDRESS: _____

HOME PHONE: _____

CITY/ZIP: _____

WORK PHONE: _____

EMAIL ADDRESS: _____

CELL PHONE: _____

Are you a City resident? _____

If yes, how long? _____

Are you a registered voter? _____

For Civil Service Commission **ONLY**: Political Affiliation: _____

(Required per LSMC §2.68.020 C: At the time of appointment, not more than two civil service commissioners shall be adherents of the same party.)

NAME/ADDRESS OF EMPLOYER (and type of business): _____

EDUCATIONAL BACKGROUND (including year graduated and degrees): _____

PROFESSIONAL EXPERIENCE: _____

ORGANIZED AFFILIATIONS: _____

WHY ARE YOU SEEKING APPOINTMENT? _____

WHAT QUALITIES DO YOU POSSESS THAT WOULD ENABLE YOU TO FULFILL THE POSITION? _____

Signature

Please return completed application to:

City of Lake Stevens

Attn: Deputy City Clerk

1812 Main Street, P.O. Box 257

Lake Stevens, WA 98258

OR: deputyclerk@lakestevenswa.gov

425.334.1012