

Today's Date:

**City of Oregon City**  
**APPLICATION – CITY COMMISSION APPOINTMENT**  
Please type or print clearly  
**MUST BE RECEIVED IN CITY RECORDER'S OFFICE**  
**BY AUGUST 17, 2016, 5:00 P.M.**

Application for Appointment  
To City Commission  
Position No. 3

**ATTACH RESUME**

**CITY COMMISSIONER POSITION #3: Appointment valid through December 31, 2016**

**PERSONAL INFORMATION:**

Name		Years of Residency in Oregon City?
Street <div style="text-align: right;">City/State/Zip</div>		Registered Voter? <div style="display: flex; justify-content: space-around;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
E-mail Address	Home/Cell Phone	Work Phone

**EDUCATION:**

Years Completed	Degree(s)
Colleges:	

**EMPLOYMENT:**

Current Employer Name/Address	Position	How long?
Previous Work Experience	Certifications	

**COMMUNITY INVOLVEMENT:** *(Attach additional pages, as necessary)*

Do you presently serve in any appointive position on a Board, Commission or Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what Board, Commission or Committee:
List previous involvement on Boards, Commissions or Committees and/or other community interests/activities:

Send completed application packet to: City Recorder's Office, 625 Center St., Oregon City, OR 97045  
or e-mail to recorder@orc.org, or Fax to 503-657-7026. Questions? Call 503-496-1505

In 50 words or less, explain why you would desire appointment to the City Commission.

**REFERENCES:**

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

*Attach a resume if desired.*

***Deadline to apply: August 17, 2016, 5:00 p.m. The application will not be considered if submitted past the deadline.***

SIGNATURE

DATE

**FOR OFFICE USE ONLY:**

Date Received: _____	Registered Voter: <input type="checkbox"/> Yes <input type="checkbox"/> No As of _____
Initials: _____	Background Check Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No