

CITY COUNCIL MEMBER APPLICATION

Thank you for your interest and expressed willingness to serve as an official of the City of Saginaw. The purpose of this form is to provide the City Manager, Mayor and Council with basic reference data and information pertaining to any applicant being considered for election or appointment as a City Council member.

When you have completed the application and affidavit, please return it to:

City Clerk
City of Saginaw
1315 South Washington Avenue
Saginaw, Michigan 48601-2599

Name:		Are you a U.S. citizen?	□ Yes □ No
(Please print: Last, First, Middle)		
Address:Street	21	0.1	71)
(Number Street	City	State	Zip)
Employer:			
Business Address:		How long have you lived continuously in the City of Saginaw?	
Phone (Home):	(Work):	Social Security Number:	hast 4#
Driver's License Number:			
Have you ever been convicted	of anything other than minor tra	uffic violations?	
☐ Yes ☐ No If yes, please €	explain fully on additional sheet	S.	
Name and location of school last	attended:		
Name:		Indicate highest grade cor	mpleted:
Street Address:	440-780-4	_ Did you graduate?	□ Yes □ No
City :State:		Date you graduated or left school:	
College, trade or graduate School or other education	Major/Minor or other degree	#yrs, Completed #semester hrs.	(mo./yr.) Dates Attended
			to
		-	to
			to
Professional Qualifications and/o	r Work Experience:		

Community Activities and/or Other Experience:		
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References:		
Name	Address	Phone
Please indicate reasons f	or desire to serve:	
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(YOU NEED NOT ANSWER ALL QUESTIONS TO BE CONSIDERED FOR APPOINTMENT)



INDIVIDUALS WITH SPECIAL NEEDS WHO PLAN TO ATTEND THESE MEETINGS SHOULD CONTACT THE CITY CLERK'S OFFICE AT (989) 759-1480 (VOICE) or (989) 759-2199 (TDD) IF AUXILIARY AIDS OR SERVICES ARE NEEDED. REASONABLE NOTICE IS REQUIRED.