



***APPLICATION FOR APPOINTMENT
TO CITY COMMISSION***

Mail or Deliver Completed Application to: City Clerk's Office
rconnor@adrianmi.gov
135 E Maumee Street
Adrian, Michigan 49221

The information in this application is requested to assist the Mayor and/or City Commission in selecting an individual to serve on the City Commission. Completion of the Application, as well as the Consent & Certification is required for consideration of appointment.

Thank you for your interest in serving on the Adrian City Commission. The Adrian City Commission requires that every member of a board or commission meet the following qualifications:

- Appointee is not in default to the City.
- Appointee is a registered elector of the City.
- Applicant must be a resident of the City.

Name: _____

Home Address: _____

Home Telephone: _____ Cellphone: _____

Email: _____

Are you a United States Citizen Yes No Registered Voter Yes No

City of Adrian Resident Yes No At least 18 years of age Yes No

Would you be able to regularly attend Commission meetings which are held on the first and third Mondays of each month?

Yes No

Have you ever been convicted of any crime? If yes, please explain:

Please indicate any skills/experience that you would bring to the City Commission:

Please briefly describe why you wish to serve on the City Commission. Be specific as to your goals and ideas regarding how you wish to contribute to the work of the City Commission:

Relationship to City Officials/Department Heads: Are you, your spouse, or other close family members related to any City Officials or Department Heads? If yes, please explain:

Business relationship: Do you, your spouse, or any close family member currently have a business relationship with the City of Adrian? If yes, please explain:

Present appointments

Board & Title	Dates Served

Previously held appointments

Board & Title	Dates Served

*PLEASE NOTE: Any interviews will be held in an open meeting.

The following information and consent is necessary in order to conduct a proper review of your application for appointment. This information will be kept confidential.

CONSENT AND CERTIFICATION

I consent to the release of information concerning my ability and fitness for the position to which I seek appointment by my employer(s), school(s), law enforcement agencies, and other individuals and organizations, subject to any restrictions which I have included, to the City of Adrian Office of the City Administrator.

I, _____, certify that the information provided

(Please Print)

in this application is, to the best of my knowledge, true and accurate.

Signature: _____ Date: _____