

City of Bettendorf Appointment Résumé

Boar	d or Commission		_			
Nam	ne:					
Addı	ress:					
Phone:		E-mail:				
If ch	ecked, please ans	wer:				
	If residency within the city is a condition of appointment, I certify that I am a resident and will be throughout my tenure.					
	Yes	□ No				
	If qualification is dependent upon a special skill, job function, or status, I certify that I have the qualification.					
	Yes	No				
Requ	uirement(s) mand	ated by City Code:				
I hav	e read the powe	s and duties of the position for which I am applying.				
	Yes	□ No				
l will	exercise those p	owers and duties in a fair and impartial manner.				
	Yes	□ No				
		en Meetings Law (Chapter 21) and the Gift Law (Chapter 68B) a the State Code and will abide by them.	ЗS			
	Yes	□ No				
l was	referred for app	pintment by:				

considering	your appoir as professio	ntment to the nal compete	ne Board or	Commission	yor and Counc on indicated a icy, education,	bove (include
 Signature					Date	

Thank you for applying for a volunteer position to help the residents of Bettendorf. The information requested on Page 3 of the application is to facilitate compliance with EEOC requirements. That information will not be reported to the Mayor or Council.

Name:		
	tion of the personal data section will ensure the n, and your reporting of this will not be present	broadest representation possible. You are not required to fill ed to the Mayor or Council.)
Sex	Date of Birth	Race
Name of spouse	2	
Occupation of s	pouse	