APPLICATION FOR CITY OF DRAIN COUNCIL

☐ Resident of the City – Date you became a resident of the City of Drain					
PLEAS	SE PRINT				
Name	(Last)	(First)			
Address		Home Ph#			
Email	Address	Cell Ph#			
Occup	pation				
	of Employment				
	e Email				
1.	Please give a brief description of the expermembership on the City Council. (If you we pertinent material.) Why do you want to become a member of would you hope to make?				
3.	Please list the community concerns related addressed if you are appointed.	I to the City of Drain that you would like to see			

4.		r present or past involvement ment will not disqualify you for	in relevant community groups. (Havappointment.)	'ing
5.	Are you currently se which ones?	erving on any Advisory Boards	, Commissions or Committees? If so	Э,
6.	How did you learn a City Website	bout this vacancy? Word of mouth	Other	
7.			tual arrangements or family eements with the City that might be	
8.		ess in the City of Drain?Ye s, have you paid your annual b	sNo usiness license fee?YesNo	
Signa	ature of Applicant		Date	
PLEA	SE RETURN TO:	City of Drain P.O. Box 158 431 Payton, Avenue Drain, Oregon 97435		

It is the policy of the City to comply with all federal and state statutes on equal employment opportunity. This policy shall be applied without regard to any individual employee or job applicant's sex, race, color, religion, national origin, ancestry, age, marital status, political affiliation, genetic information, veteran status or any other legally protected status per state and federal law.

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION