

**CITY OF CANBY
APPLICATION
BOARD/COMMITTEES/COMMISSIONS/COUNCIL**

Date: _____

Name: _____ Occupation: _____

Home Address: _____

Employer: _____ Position: _____

Daytime Phone: _____ Evening Phone: _____

E-Mail Address: _____

For which position are you applying? _____

What are your community interests (committees, organizations, special activities)? _____

Experience and educational background: _____

Reason for your interest in this position: _____

List any other City or County positions on which you serve or have served: _____

Information on any special membership requirements: _____

Referred by (if applicable): _____

Feel free to attach a copy of your resume and use additional sheets if necessary

THANK YOU FOR YOUR WILLINGNESS TO SERVE CANBY

Please return to: City of Canby - Attn: City Recorder

PO Box 930

222 NE 2nd Avenue

Canby, OR 97013

Phone: 503.266.0733 Fax: 503.266.7961 Email: scheaferk@canbyoregon.gov

Note: Please be advised that this information may be made available to anyone upon a public records request and may be viewable on the City's web site.

10-1-16