



APPLICATION FOR CIVIL SERVICE COMMISSION APPOINTMENT

*The information in this document is subject to public disclosure and can be made available to the public.
(Attach additional pages if necessary to complete answers.)*

EXPECTATIONS: Adhere to City of Lakewood's Code of Ethics and regular attendance at meetings is required.

PLEASE RETURN THIS FORM TO: City of Lakewood
City Clerk's Office
6000 Main Street SW
Lakewood, WA 98499
Email: bschumacher@cityoflakewood.us

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

Present Employer: _____

Address: _____

How long have you resided at the home address above? ____ Years ____ Months

Prior Home Address: _____ For how long? _____

Are you a citizen of the United States? ___ Yes ___ No

Are you a registered voter of Pierce County? ___ Yes ___ No

What political party are you affiliated with? _____

Have you previously served or are you currently on one of the City of Lakewood's Citizen Advisory Boards, Committees or Commissions? Yes ____ No____

If yes, please explain (include names of Boards, Committees or Commissions and the dates that you served:

Date available for appointment: _____

Are you available to attend evening meetings? Yes ___ No___

Are you available to attend daytime meetings? Yes ___ No___

Recommended by: _____

Education:

Professional and/or community activities:

Please share some of the experiences or qualifications that you have relating to the work of the Civil Service Commission:

Please explain why you would like to be part of the Civil Service Commission:

I hereby certify that this application and any other materials and/or documents provided in this application process contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge.

Signature: _____ Date: _____