



CITY COUNCIL MEMBER APPLICATION

Thank you for your interest and expressed willingness to serve as an official of the City of Saginaw. The purpose of this form is to provide the City Manager, mayor and Council with basic reference data and information pertaining to any applicant being considered for appointment as a City Council member.

When you have completed the application and affidavit, please return it to:

City Clerk
City of Saginaw
1315 South Washington Avenue
Saginaw, Michigan 48601-2599

Name: _____ Are you a U.S. citizen? Yes No
(Please print: Last, First, Middle)

Address: _____
(Number Street City State Zip)

Employer: _____

Business Address: _____ How long have you lived continuously in the City of Saginaw? _____

Phone (Home): _____ (Work): _____ Social Security Number: _____

Driver's License Number: _____ - _____ - _____

Have you ever been convicted of anything other than minor traffic violations?

Yes No If yes, please explain fully on additional sheets.

Name and location of school last attended:

Name: _____ Indicate highest grade completed: _____

Street Address: _____ Did you graduate? Yes No

City: _____ State: _____ Date you graduated or left school: _____
(mo/yr)

College, trade or graduate School or other education	Major/Minor or other degree	#Yrs. Completed #semester hrs.	Dates Attended
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____

Professional Qualifications and/or Work Experience:

Community Activities and/or Other Experience:

References:

Name	Address	Phone

Please indicate reasons for desire to serve:

In connection with this application for City Council, I hereby authorize the Saginaw Police Department to investigate my criminal history (if any) and to deliver this information to the City Clerk for the City of Saginaw, who in turn may provide this information to City Council in consideration of my application. I understand the information provided will include any arrest which resulted in a conviction and any information relative to any felony charge prior to conviction or dismissal as may be obtained from the Saginaw Police Department records or from any other source. By execution hereof, I hereby waive any rights, claims, causes of action, or damages which I may have against the City of Saginaw, the Saginaw Police Department or any of its officers, employees or agents by reason of the furnishing of any such record or information.

Date: _____

Signature: _____

(YOU NEED NOT ANSWER ALL QUESTIONS TO BE CONSIDERED FOR APPOINTMENT)



INDIVIDUALS WITH SPECIAL NEEDS WHO PLAN TO ATTEND THESE MEETINGS SHOULD CONTACT THE CITY CLERK'S OFFICE AT 989.759.1480 (VOICE) or 989.759.2199 (TDD) IF AUXILIARY AIDS OR SERVICES ARE NEEDED. REASONABLE NOTICE IS REQUIRED.