

City of Plymouth

Application for Alderperson

DATE OF APPLICATION: _____

NAME:

HOME ADDRESS: _____

STREET

CITY

STATE

ZIP

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

CITY RESIDENT SINCE: _____

OCCUPATION _____

PRESENT EMPLOYER: _____

(If retire, give your former occupation)

What nights are you available for meetings? Mon _____ Tues _____ Wed _____ Thurs _____

Have you attended any meetings of the City of Plymouth? YES NO

List of community or other activities in which you have participated:

Special Interests / Hobbies/ Talents:

Please state reasons why you want to become a member of the Common Council, including what specific objectives you would be working toward as a member:

Any other information which you feel would be useful to the Common Council and Mayor in reviewing your application: (Attach 2nd page if necessary)

Are you or a member of your family associated with any Organization / Employment that might be deemed a conflict of interest in performing your duties if appointed to this position?

YES NO If yes, please state name of Organization/Employment _____

Do you have any relatives working or serving for the City of Plymouth?

YES NO If yes, please indicate the name and relationship of person _____

Would you be willing to abstain from voting on matters where a potential conflict of interest exists?

YES NO

Have you been convicted of a felony or misdemeanor?

YES NO If yes, please explain convictions _____

SIGNATURE _____ DATE _____

NOTE: Please attach a resume if available.

Candidates should attend the Council meeting at which their appointment will be discussed. Upon confirmation, the oath of office will be administered by the City Clerk.