



# FREMONT

## APPLICATION FOR APPOINTMENT TO CITY COUNCIL

INSTRUCTIONS: Type or print in ink. Complete all questions in detail. Attach additional pages, if necessary, and documents requested. Separate applications are required for each classification or position in which you are interested. Applicants are considered for all positions without regard to race, color, creed, age, religion, national origin, gender, marital status, handicap, political affiliation, beliefs, sexual orientation or other protected class. If you need special equipment or accommodations to participate in the selection process, or to perform the essential duties of the position (as listed in the job posting/job description), please inform us when you return your application.

**MAYOR or COUNCILMEMBER POSITION?** \_\_\_\_\_

### GENERAL INFORMATION

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS: \_\_\_\_\_  
(NUMBER) (STREET) (P.O. BOX) (APT. #)  
\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

PHONE: (Home): (\_\_\_\_\_) (Alternate): (\_\_\_\_\_) Best Time to Call: \_\_\_\_\_

Are you under the age of 18?  Yes  No If "Yes", what is your age? \_\_\_\_\_

Are you a Fremont City Resident  Yes  No

### COMMITTEE, BOARD OR GROUP AFFILIATION

NAME AND LOCATION	DATES		MISSION OR PURPOSE OF ORGANIZATION/COMMITTEE
	From:	To:	

## ADDITIONAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from committees, boards, groups or other experiences that may qualify you for this committee appointment. Include any professional licenses or certifications you hold.

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## CURRENT EMPLOYMENT STATUS

Employer	Telephone (    )	Dates Employed		Summarize the nature of the work performed & job responsibilities:
Address		From:	To:	
Job Title				
Immediate Supervisor & Title				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				

## PERSONAL REFERENCES

(Not a Relative or Former Employer)

List name, address & telephone number of five references who are not related to you and are not previous supervisors.

	<u>Name</u>	<u>Mailing Address &amp; Zip</u>	<u>Phone</u>	<u>Relationship to You</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

## ACKNOWLEDGMENTS AND RELEASES

I certify that all information contained in this application is true and complete to the best of my knowledge. I agree and understand that any misstatement or falsification of information provided by me, whether oral or written, will result in my forfeiting any rights to consideration for the appointment with the City of Fremont or, if appointed, being subject to immediate termination.

I authorize the City of Fremont to verify any of the information reported on the application with the listed references and without providing written notice to me. I release the City from any liability in connection with such use or disclosure.

If hired, I will serve at the will of the City and I agree that I shall be bound by the rules, policies, regulations, terms and conditions of appointment of the City of Fremont as they are from time-to-time amended. I agree that the City may terminate the appointment, with or without cause, and only as determined by the City Council.

This application is valid for six (6) months. At the conclusion of this time, if I have not heard from the City and still wish to be considered for the appointment, it will be necessary to complete a new application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_