



601 Avenue A \* Springfield, MI 49037 \* ph (269) 965-2354 \* fx (269) 965-0114

## Board/Commission Appointment Application

### Applicant Information:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State	Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Cell Phone	Business Phone

May we contact you during the day?  Yes  No

How long have you been a resident of the City of Springfield?  Years  Months

### Appointment Information:

Board Desired:

<input type="checkbox"/> City Council	<input type="checkbox"/> TIFA/BRA/EDC
<input type="checkbox"/> Planning Commission	<input type="checkbox"/> Board of Review
<input type="checkbox"/> Zoning Board of Appeals	<input type="checkbox"/> IT Board of Appeals
<input type="checkbox"/> Other	

Have you ever served on a board/commission in the City of Springfield?  Yes  No

If Yes, please list dates of service and board/commission:

Have you ever been employed by the City of Springfield?  Yes  No

If Yes, please list dates of employment and supervisor:

Any family members currently serving on boards/commissions in Springfield?  Yes  No

If Yes, please list them:

Any family members currently employed by the City of Springfield?  Yes  No

If Yes, please list them:

Educational Background

	Name/Location of Institution	Current Status	Major Area of Study	Type of Degree and Date Earned
High School		<input type="checkbox"/> Graduated <input type="checkbox"/> Still Attending <input type="checkbox"/> Did Not Finish		
Undergraduate College		<input type="checkbox"/> Graduated <input type="checkbox"/> Still Attending <input type="checkbox"/> Did Not Finish		
Graduate College		<input type="checkbox"/> Graduated <input type="checkbox"/> Still Attending <input type="checkbox"/> Did Not Finish		
Business/Trade School		<input type="checkbox"/> Graduated <input type="checkbox"/> Still Attending <input type="checkbox"/> Did Not Finish		
Other		<input type="checkbox"/> Graduated <input type="checkbox"/> Still Attending <input type="checkbox"/> Did Not Finish		

Why do you want to serve on the board/commission?

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Work History (list most-recent first)

Dates From		Organization Name/Address: _____ Position Title: _____ Reason for Leaving: _____ Supervisor Name: _____ Title: _____ Phone: _____ Duties : _____
Month	Year	
Dates To		
Month	Year	

Dates From		Organization Name/Address: _____ Position Title: _____ Reason for Leaving: _____ Supervisor Name: _____ Title: _____ Phone: _____ Duties : _____
Month	Year	
Dates To		
Month	Year	

Dates From		Organization Name/Address: _____ Position Title: _____ Reason for Leaving: _____ Supervisor Name: _____ Title: _____ Phone: _____ Duties : _____
Month	Year	
Dates To		
Month	Year	

**References:**

List names and contact information for three professional references.

Name	Position	Phone	Address

Please list any other considerations that you would like the City of Springfield to note in consideration of you for appointment:

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By signing this application, I hereby represent that the facts set forth in my application for appointment are true and complete.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant