

## GLADSTONE CITY BOARDS AND COMMITTEES

PLEASE USE THIS FORM TO EXPRESS YOUR INTEREST IN SERVING ON A PARTICULAR CITY BOARD OR COMMITTEE AND RETURN TO: City Clerk, Kim Fudala PO Box 32, 1100 Delta Avenue, Gladstone, MI. 49837. You may submit additional material if you wish. Call 906-428-2311 for information on vacancies.

The City Charter requires that each member of a City Board, Commission, or Committee be **a resident of the City and a qualified and registered elector of the City on the day of appointment and throughout the tenure of office. (DDA & EDC exceptions)**

The Gladstone City Commission makes appointments to City Boards at their regular meetings as vacancies occur.

NAME OF CITY BOARD OR COMMITTEE: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

ARE YOU CURRENTLY SERVING OR HAVE YOU SERVED ON ANY CITY BOARD? \_\_\_\_\_ IF SO, PLEASE EXPLAIN

\_\_\_\_\_

TO THE BEST OF YOUR KNOWLEDGE: ARE YOU ELIGIBLE TO SERVE ON THIS BOARD? \_\_\_\_\_

ARE YOU ABLE TO ATTEND IT'S MEETINGS REGULARLY? \_\_\_\_\_ ARE YOU CURRENTLY IN DEFAULT TO THE CITY?

DESCRIBE YOUR BACKGROUND AND ANY SPECIAL INTEREST YOU HAVE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST THREE REFERENCES:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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



"Protecting and Serving Our Year 'Round Playground"



144 4th Avenue NE • Gladstone, MI 49837 • 906-428-3131 • Fax 906-428-1730

Paul R. Geyer, Director

### Background Investigation Authorization

I hereby authorize the City of Gladstone Public Safety Department and/or their designee to conduct a background investigation pertaining to my application for employment with the City of Gladstone. I fully acknowledge that this investigation may result in sensitive information being released and may affect my application process. I release from all liability the City of Gladstone, its officials and employees, and any employer, educational institution, credit reporting agency/bureau and other providers of information about me in any and all respects relating to or arising from the City's investigation.

Unless revoked earlier by me, this release shall continue to be effective during my request for employment with the city, during any employment which I may have with the City and, in the case of seasonal employment, for any subsequent consideration of rehiring me. I understand that I may revoke this waiver and authorization at any time.

This release is executed with the full knowledge and understanding that the information is for the official use of the City of Gladstone and will in no way be circulated in hard copy form or verbally. All hard copy materials will be destroyed via paper shredder

Department Requesting Information: \_\_\_\_\_

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print - First Name/Middle Name/Last Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number / State

\_\_\_\_\_  
Social Security Number

#### Public Safety Department Use Only

\_\_\_\_\_  
Date Recv'd from  
Dept. Head

\_\_\_\_\_  
Date Records  
Checks Completed

\_\_\_\_\_  
Date Returned to  
Dept. Head

\_\_\_\_\_  
Initials of individual  
running check

Status of Background Check:  
 No records to report  
 Contact Public Safety Department

equal opportunity employer