

## **City of Hastings**

201 E. State Street Hastings, Michigan 49058 (269) 945-2468 • Fax (269) 948-9544

## APPLICATION FOR MEMBERSHIP AND/OR REAPPOINTMENT ON CITY BOARDS OR COMMISSIONS

Mail or Deliver Completed Application to: City Clerk

City of Hastings 201 E. State St. Hastings, MI 49058

The information in this application is requested to assist the Mayor and/or City Council in selecting individuals to serve on City Boards & Commissions. Completion of the Application and Consent and Certification is mandatory for consideration of appointment.

Thank you for your interest in serving on a City of Hastings board or commission. The Hastings City Council requires that every member of a board or commission meet the following qualifications:

- Appointee is not in default to the City (appointee does not have unpaid water/sewer bills or property taxes).
- For most Boards & Commissions, appointee should be a resident of the City.

Name:			
(First)	(Middle)	(Last)	
Home Address:		Telephone #:	
Place of Employment:			
Business Address:		Telephone #:	
E-Mail:		Fax #:	
Title / Type of Work:			
Length of Residence in City:	Own/Rent:	US Citizen: Y	. N
Educational Background:			
Community Activities:			,
	,		

List Board or Commission on w Hastings website):	ich you are interested in serving (see detailed descriptions on the City
1)	2)
3)	4)
Additional information on exper	ence, qualifications, etc.:
	rou wish to serve on a particular board or commission. Be specific as to be you wish to contribute to the work of the board or commission:
Relationship to City Officials/D related to any City Officials or I	partment Heads: Are you, your spouse, or other close family member epartment Heads? If yes, please explain:
	our spouse, or any close family member currently have a business ings? If yes, please explain:
Convictions: Have you ever be felony while holding public offi	n convicted of any criminal violation? Have you ever been convicted e or public employment? If yes, please explain:
REFERENCES:	
Name:	Relationship:
Telephone#:	
Name:	Relationship:
Telephone #:	

The following information and consent is necessary in order to conduct a proper review of your application for appointment. This information will be kept confidential.			
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CONSENT AND CERTIFICATION			
I consent to the release of information concerning my ability and fitness for the position to which I seek appointment by my employer(s), school(s), law enforcement agencies, and other individuals and organizations to the City of Hastings Office of the City Manager.			
I hereby authorize the City of Hastings to verify all the information I have provided on my application. I also agree to execute any additional written authorizations necessary for the City to obtain access to and copies of records pertaining to this information. I release the City of Hastings and agencies who have released information from all liability arising from information given or received.			
I certify that I can and will, upon request, substantiate all statements made by me on this application; that such statements are true, complete and correct to the best of my knowledge I understand that a false statement, dishonest answer, misrepresentation or omission to any question will be sufficient for rejection of my application, removal of my name from the eligible list or my immediate removal should such falsifications or misrepresentation be discovered after I am sworn in to any Board or Commission.			
I,certify that the information provided (Please Print)			
in this application is, to the best of my knowledge, true and accurate.			
Data of Birth:			

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