



COMMUNITY SERVICE APPLICATION

Name:		
Street Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Email Address:		
Position applying for:		
Why are you interested in serving in this position?		
Do you have any special skills or expertise applicable to this position?		
Educational/occupational background:		
High School Name:		
Address:		
Years Completed:	Diploma? Yes / No - GED? Yes / No	
College:		
Address:		
Years Completed:	Course of Study:	Degree:
Other:		
Address:		
Years Completed:	Course of Study:	Degree:
Employment:		
Employer:		
Address:		
Phone:	Job Title:	
References:		
Name:	Best Time to Call:	
Occupation:	Phone:	
Name:	Best Time to Call:	
Occupation:	Phone:	
Name:	Best Time to Call:	
Occupation:	Phone:	
(continued on next page)		

List professional, trade, business or civic activities and offices held:

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation the activities involved in the position for which you are applying: Yes / No

Are you available for evening meetings?

Are you available for daytime meetings?

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO MISREPRESENTATIONS OR FALSIFICATIONS AND THAT GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MISREPRESENTATION OR OMISSIONS OF FACTS CALLED FOR IN THIS APPLICATION IS CAUSE FOR CANCELLATION OF THE APPLICATION AND / OR DISMISSAL FROM POSITION. I AUTHORIZE THE CITY OF PRINEVILLE, OREGON TO MAKE ANY NECESSARY INQUIRIES OR INVESTIGATIONS TO VERIFY OR SUPPLEMENT THE INFORMATION CONTAINED HEREIN. I ALSO SPECIFICALLY AUTHORIZE ANY PERSON WITH KNOWLEDGE OF MY WORK HISTORY, OR CHARACTER TO RELEASE TO THE CITY OF PRINEVILLE INFORMATION ABOUT MY WORK HISTORY OR CHARACTER UPON REQUEST. BY SIGNING BELOW, I AGREE AND PROMISE TO INDEMNIFY AND HOLD HARMLESS THE CITY OF PRINEVILLE.

CITY OF PRINEVILLE RESIDENCY IS REQUIRED FOR CITY COUNCIL, PLANNING COMMISSION OR BUDGET COMMITTEE MEMBERS

PLEASE RETURN COMPLETED APPLICATION TO: 387 NE THIRD ST. PRINEVILLE, OR 97754 OR EMAIL TO: lmorgan@cityofprineville.com

Signature:

Date:

Office Use Only:

Date Received:

By:

Appointed:

Term: