



APPLICATION FOR APPOINTMENT

Please Note: Your application will be reviewed by the Columbus Governing Body and made available to the press and public.

Date Received

Board Interested In: _____

<i>Name</i>	<i>Home Telephone</i>	<i>Bus Telephone</i>	<i>Mobile Telephone</i>
<i>Home Address (Street)</i>	<i>(City)</i>	<i>(St)</i>	<i>(Zip)</i>
<i>Mailing Address (Street)</i>	<i>(City)</i>	<i>(St)</i>	<i>(Zip)</i>
<i>Business Address (Street)</i>	<i>(City)</i>	<i>(St)</i>	<i>(Zip)</i>

<i>Occupation</i>	<i>Email</i>
Are You a Resident of the City of Columbus? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how long have lived in Columbus?

<i>Present Employer (Last 12 months)</i>	<i>Business Interests (Last 12 months)</i>
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Previous committee/commission Experience (120 characters max)

Education/Experience (120 characters max)

Professional and/or Community Service Activities (120 characters max)

Please explain your reasons for wishing to serve on this Committee/Board and how you feel that you may contribute

Area of representation (Please check all that apply)

Manufacturing <input type="checkbox"/>	Real Estate <input type="checkbox"/>	Risk Management <input type="checkbox"/>	Other (please explain)
Health Services <input type="checkbox"/>	Finance/Banking <input type="checkbox"/>	Property Development <input type="checkbox"/>	
USD 493 <input type="checkbox"/>	Title Reserch <input type="checkbox"/>	Legal <input type="checkbox"/>	
City of Columbus <input type="checkbox"/>	Construction <input type="checkbox"/>	Consulting <input type="checkbox"/>	
Cherokee County <input type="checkbox"/>	Engineering <input type="checkbox"/>	Economic Development <input type="checkbox"/>	

Applying for this position indicates you are willing and able to attend meetings of the Board.

Appointments to this Board must be approved by the Governing Body of Columbus, Kansas.

If selected, you will be required to file a Conflict of Interest Disclosure Statement, which is public record.

Board members will be appointed to serve a three (3) year term (unless appointed to fill a vacant position).

<i>Signature of Applicant :</i>	<i>Date</i>
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If you have any questions regarding the appointment procedure, please contact the Columbus City Clelrk by phone at (620) 429-2159 or by email at cityclerk@columbusks.gov.

Please Return your completed application to: **City Clerk**
 PO Box 308, 300 E Maple St, Columbus, KS 66725

This application will be kept on file for 90 days from the date of receipt. Re-application will be required after the 90 days.