

CITY OF CEDAR HILLS

APPLICATION FOR CITY COUNCIL

Name _____ Date _____
Last First Middle



CEDAR HILLS

PLEASE PRINT

BIOGRAPHIC DATA

NAME (First) (Middle) (Last)		
ADDRESS	HOME PHONE	WORK PHONE
E-MAIL ADDRESS	YEARS LIVED IN CEDAR HILLS	

RESUMES MAY BE USED TO SUPPLEMENT THIS INFORMATION.

EDUCATIONAL BACKGROUND

Name	City	State	Major Course of Study	Circle Last Year Successfully Completed	Date Completed	Diploma or Degree
High School or Preparatory				1 2 3 4		
College				1 2 3 4		
College				1 2 3 4		
Additional Education						

EMPLOYMENT HISTORY

Name of Employer	City	State	Position	Dates of Employment

ADDITIONAL SKILLS AND ACTIVITIES

List Extra-Curricular Activities or Honors in College.

Please list additional skills, technical or professional knowledge that you feel would enhance this application.

List any other licenses, certificates, publications or professional achievements that would support this application.

QUESTIONS

Why do you want to be a member of the City Council?

What do you consider is your strongest attribute you could bring as a member of the City Council?

How do you feel you can assist with any/all of the community goals?

Describe your vision of the City of Cedar Hills in ten years?

Can you communicate views well? Can you be intimidated or can you express an opinion even though it may not be the view of each/any Council member?

What do you feel is the biggest obstacle you will have in serving on the City Council?

Any comments you would like to make or additional information you would like to give?
