

Public Service Application

(one application per committee)			
Name:			
Physical Address:			
Mailing Address (if different):			
City, State, Zip:			
Cell:	Work:	E-Mail:	_
Place of Employment:	_	Position:	
Product or services rendered by	employer:		
Brief description of job duties/re	esponsibilities:		
	_	_	
Spouse's place of employment:		Position:	
Product or Service rendered by	spouse's employer:		
C-mmittae Doord Commission	Task Esma or other negition	4- which you wish to l	ka amanintadi
Committee, Board, Commission, Task Force or other position to which you wish to be appointed:			
Why do you wish to serve in this position?			
Why do you wish to serve in this	s position?		
Have you carried on any other h	and committee commission	ar in an alastad positic	an with the City? If you place state
Have you served on any other board, committee, commission or in an elected position with the City? If yes, please state			
your experience as a member:			
De an violen anolica have any			
Do you or your spouse have any monetary interest, direct or indirect, in any pending or incomplete transaction or contract to which the City is a rise to be a party? If you please explains			
to which the City is, or is to be, a party? If yes, please explain:			
By signing below, I understand that the above information I have voluntarily provided is to be used solely for the purpose of the background check. I do hereby affirm that I am currently a registered voter in the city of Osawatomie, Kansas. I reside in Ward No			
Signature			Date
	DI EACE RETIIR	N TO CITY OFFIC	EC
439 Main Street	PO Box 37, Osawat		info@osawatomieks.org
10) I min ou ce		USE ONLY	
Received:	Council Approval Date:	Let	tter of Approval:
Scanned:	Term Expiration Date:	Let	tter of Non- Approval: