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APPLICATION

For Appointment to Fill a Two- Year Term Vacancy on the HAYWARD CITY COUNCIL

This application will be forwarded to the City Council for consideration to fill the vacancy for the term ending June 2016.	
Please type or print	
Name Mr. Ms	First Middle Initial
Home Address	City Zip
Home Phone ()	Cell Phone ()
Work/Alternate Phone ()	Email
Current_Employment Information	
Address:	
Position:	Dates of Employment:
Responsibilities:	
<i>u</i>	

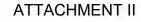


Questionnaire (A separate sheet may be attached)

Describe your education, training, and/or any special certifications relevant to serving on the City Council:

Explain why you want to be appointed to the City Council and what your goals for the two years will be if you are selected:

List any previous City of Hayward Board, Commission, or Committee on which you have served; and any other relevant Hayward community service in which you have been involved or are currently involved:





Briefly, please provide information on any additional relevant experience you believe supports your qualifications for this appointment:

I have sufficient time to devote to this responsibility and will attend the required meetings if I am appointed. I am also aware that this application is a public document. If appointed, I will file the necessary disclosure documents as required under the Political Reform Act.

Signature _

_____ Date ____

Please return your application by noon on Wednesday, July 16, 2014 to:

Miriam Lens, City Clerk City of Hayward 777 B Street, 4th Floor, Hayward, CA 94541 <u>Miriam.lens@hayward- ca.gov</u> (510) 583- 4401

No application will be accepted after the deadline.

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