Submit

CEDAR RAPIDS
City of Five Seasons

CITY OF CEDAR RAPIDS APPOINTMENT RESUME

Thank you for your interest in serving on a Cedar Rapids Board or Commission. The purpose of this form is to provide the Mayor and City Council members with information about residents considered for appointment.

PLEASE TYPE OR PRINT CLEARLY

Name: _____
First MI Last

Home Address: _____
Street/Box City State Zip

Work Address: _____
Street/Box City State Zip

Home Phone: _____ **Business Phone:** _____ **E-mail:** _____

Employer: _____ **Position/Occupation:** _____

***If the required information does not fit in the spaces provided below, you may attach additional pages.**
***Regular attendance at scheduled Board/Commission meetings is expected of all appointed members. Members who miss more than three regularly scheduled meetings in a 12-month period may be removed from the Board/Commission unless extenuating circumstances can be demonstrated.**

AREA OF INTEREST FOR APPOINTMENTS: In order of preference, please list the Boards and Commissions for which you are applying. All city Board and Commission information is available at **www.cedar-rapids.org** under government and boards and commissions page.

STATEMENT OF INTEREST: Briefly describe why you are interested in serving on this Board or Commission. The City Council will use this statement to assist in determining which candidates are best suited to fill Board and Commission vacancies. Feel free to include separate statements for each Board or Commission interest.

SPECIAL QUALIFICATIONS: Please list any special qualifications for serving on a board, including skills, training, licenses, certificates that are applicable.

(Please include your resume or brief history of your experience and qualifications including education, community involvement and/or government and civil experience)

DEMOGRAPHIC INFORMATION *(optional)***:** Completion will help ensure progress towards the goal that demographic balance

Age: _____ **Sex:** _____ **Race:** _____

Submit electronically by clicking the button at the top of the page or send completed form to:
boards&commissions@cedar-rapids.org

** If submitting application electronically, please type your name*

Applicant Signature: _____ **Date:** _____

Office of the Cedar Rapids City Clerk
City Hall • 101 First Street SE • Cedar Rapids, Iowa 52401 • (319) 286-5060 • FAX (888) 966-0171