



## City Council Application Form

To qualify for this position you must currently be a registered voter in, and have resided within the City of Okanogan continuously for the past year.

Applicant's Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ How Long: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Statement of interest (use reverse side of form if necessary):

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Brief personal biography (or attach resume):

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Professional licenses/training:

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Have you been convicted of a felony? Yes \_\_\_ No \_\_\_

If yes have your civil rights been restored? Yes \_\_\_ No \_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*For Office Use Only*

Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Note Any Attachments: \_\_\_\_\_

Length of Residency: \_\_\_\_\_ Registered Voter: Yes \_\_\_ No \_\_\_

Convicted Felon: Yes \_\_\_ No \_\_\_ Rights Restored: Yes \_\_\_ No \_\_\_