



City of Robbinsdale

APPLICATION FOR APPOINTMENT
TO CITY COMMISSION

NAME: _____ ADDRESS: _____

PHONE: (Home) _____ (Work) _____

RESIDENT OF ROBBINSDALE SINCE (Year) _____ WARD: _____

OCCUPATION: _____ EMPLOYER: _____

COMMISSION YOU ARE SEEKING: _____

EDUCATION: (Please indicate highest grade completed or highest degree and major course of study.)

CIVIC AND OTHER ACTIVITIES: (Please list past and present civic activities and organizational memberships, particularly those which may be relevant to the appointment you are seeking.)

COMMENTS: (Please briefly describe other qualifications, experiences and other information which you would like to have considered or which you believe are particularly relevant to the appointment you are seeking. Use additional pages if necessary.)
