City Commission / Board Application

Commission/ Board applied for: _____

Name: _____

Address: _____ Zip: _____

Phone: Home (___)_____ Work: (___) _____

Email address:_____

Number of Years a Warren Resident: _____

Please Note: Conviction of a crime will not necessarily preclude you from being appointed to a City of Warren Commission or Board.

Have you ever been convicted of a felony? YES _____ NO _____

Do you have any felony charges pending against you at this present time? YES _____ NO _____

If so, please complete the following:

Date of offense: _____ ***Offense Description:*** _____

Where: _____ ***Disposition:*** _____

Work Experience: _____

_____

_____

_____

(Continued on reverse side)

Education: _____

_____

_____

_____

Affiliations (*Clubs, Fraternal, Military, Church, etc*): _____

_____

_____

Political Offices held, if any (*Please include dates of service*): _____

_____

_____

Please feel free to add any additional information: _____

_____

_____

_____

Please return this application to the Mayor's Office

City of Warren
One City Square – Suite 215
Warren, MI 48093-6726
Phone: (586) 574-4520
Fax: (586) 574-4524