City of Maple Plain
1620 Maple Avenue
P.O. Box 97
Maple Plain, MN 55359
Office: (763) 479-0515
Fax: (763) 479-0519

CITY COUNCIL VACANCY

APPLICANT INFORMATION

Applicant Name	**Home Phone**
Address	**Cell Phone**
City, State, Zip	**Email**

Employer Name	
Address	**Phone Number**
City, State, Zip	**Email**

BACKGROUND INFORMATION

Tell us why you are interested in serving the community as a member of the City Council.
(Feel free to use additional pages.)

The City Council makes decisions and provides staff direction as a body. If appointed, how would you help the Council make decisions? What would you hope to help the City Council accomplish?
(Feel free to use additional pages.)

EDUCATION & TRAINING

Please list any education or training you believe is relevant to the Council position.

1.	**2.**
Years:	**Years:**

3.	**4.**
Years:	**Years:**

5.	**6.**
Years:	**Years:**

REFERENCES

List any volunteer experiences, professional, trade, business or civic activities or affiliations and offices held.

Organization Name:	**Position:**
City, State, Zip:	**Duties:**
	Years:

Organization Name:	**Position:**
City, State, Zip:	**Duties:**
	Years:

Organization Name:	**Position:**
City, State, Zip:	**Duties:**
	Years:

Organization Name:	**Position:**
City, State, Zip:	**Duties:**
	Years:

Organization Name:	**Position:**
City, State, Zip:	**Duties:**
	Years:

POTENTIAL CONFLICTS

A conflict of interest may exist when a council member is required to take an action or make a recommendation that would, at a minimum, affect the member's financial interest or that of an associated business or relative. Conflicts of interest may also result from impacts of a proposed project. If you are appointed and become aware, or are currently aware, of such conflicts you should promptly disclose them to the City Administrator and/or City Attorney.

Do you understand the potential for conflicts and notification requirement in the event of a conflict?

☐ **Yes** ☐ **No**

By signing this application, I certify the information contained herein is true and complete to the best of my knowledge. I agree and understand that any false statements or omission of information contained in this application or any supplemental materials I submit may disqualify me from further consideration or result in immediate dismissal if discovered at a later date.

I authorize the City of Maple Plain to verify the information I have provided in this Employment Application, including employment history, education and other background investigations.

Applicant Name:	**Applicant Signature:**
	Date:

REFERENCES

Provide the following data for 3 to 5 people (not relatives) whom we may contact regarding your qualifications.

Name	**Relationship**
Address	**Phone Number**
City, State, Zip	**Email**

Name	**Relationship**
Address	**Phone Number**
City, State, Zip	**Email**

Name	**Relationship**
Address	**Phone Number**
City, State, Zip	**Email**

Name	**Relationship**
Address	**Phone Number**
City, State, Zip	**Email**

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City, State, Zip	**Email**