CITY OF MARIETTA

Application Form

Board or Commission Member Candidate

(Submit to: City Clerk's Office, P. O. Box 609, Marietta, GA 30061)

Board/Commission of Interest: _____ _____
First Choice Second Choice

Date of application:_____

Name: _____

Home Address: _____
Street City Zip Code

Phone No. _____ Fax No. _____ Email Address: _____

You must be at least 25 years of age to serve on the Civil Service Board.

Do you reside in the City? Yes __ No __
Do you own property in the City? Yes __ No __
Do you have a principal business or place of business in the City? Yes __ No __
Do you have a business interest in the City? Yes __ No __
Do you reside in Cobb County? Yes __ No __
Are you employed by City or County Government? Yes __ No __

Occupation: _____

Business Name: _____ Business Phone: _____

Business Address: _____
Street City Zip Code

Do you have an immediate family member that is an elected official? Yes __ No __
Do you have family members that are employed with the city? Yes __ No __

Resident of the City for _____ years. City Ward No. _____
Voter Registration Precinct No. _____

Highest Level of Education Completed: _____

Special Knowledge or Expertise Application to Board/Commission
(in relation to board/commission of interest listed below):

____ Banking/Finance ____ Business Development ____ Building/Construction
____ Promotion/Marketing ____ Real Estate/Development ____ Manufacturing/Industrial
____ Industrial Training ____ Landscaping Operations
____ Law/Contract Admin. ____ Other

List business memberships or other groups:

_____
_____
_____

Other Information (Civic Activities, etc):

_____
_____
_____

Are you currently serving on an Authority, Board or Commission? Yes _____ No _____

If yes, which Board and since when: _____

Do you or your employer have any business dealings with the City, which might represent a conflict of interest? Yes _____ No _____

Are you committed to attending all regularly scheduled meetings and to serve a full term? Yes _____ No _____

Describe your reasons for wanting to serve on a City Authority, Board or Commission:

_____
_____
_____
_____
_____

References:

Name	**Address**	**Phone**

1. _____

2. _____

3. _____

Do you agree to complete all financial statements required by law, if required? Yes___ No___

Resume/Biographical Sketch attached to application: Yes____ No_____

All statements and information provided in this application are true to the best of my knowledge.

Signature: _____ Date: _____

Your application, which is public information under the Georgia Open Records Act, will be kept on file for twenty (24) months. If appointed, information on this application will be published.