



CITY OF SEDALIA

Board & Commission Interest Form

Board/Commission Applying for :

Applicant Information

Name :		Date :
Address :		Apt/Unit Number :
City :	State :	ZIP :
Phone : ()		Email :
Length of Residency in City :		Ward of Residency :

Position Information

Previous City Appointment :	Term :
Previous City Appointment :	Term :
Previous City Appointment :	Term :

Biographical Information *(optional)*

Additional biographical information may be included with this interest form. Information may include, but is not limited to : marital status, children, employment history, membership/organizations, hobbies and interests.

Applicant Signature

I certify that my answers are true and complete to the best of my knowledge. I further certify that, to the best of my knowledge, I meet all the stated qualifications to serve in the position for which I am requesting appointment. I understand that any misrepresentation or omission of information made by me in this application or any other documentation submitted for consideration of my appointment will be sufficient cause for immediate removal regardless of length of appointment. I further understand that failure to complete this application in its entirety may be cause for my application to be disqualified from consideration. Applicants may request any needed accommodation to participate in the application process.

Signature :

Date : ___/___/___

Submission Instructions

Submit To :

Office of the Mayor
200 S. Osage Avenue
Sedalia, Missouri 65301