



# City Councilor Application

(Please complete, sign and date application form and return to:

City of Baker City  
Attn: Julie Smith, Human Resource Manager/CR  
1655 First Street • P. O. Box 650  
Baker City, OR 97814  
Fax • 541.524.2024 Office • 541.524.2033  
[juliesmith@bakercity.com](mailto:juliesmith@bakercity.com)

The position for which you are applying is City Councilor for the City of Baker City. The appointed applicant will serve a partial term that will expire in December of 2016. This appointment will count towards 1 of the 2 terms where no person may serve as a City Councilor for more than two consecutive terms.

<b>NAME:</b> _____	<b>HOME PHONE:</b> _____
<b>RESIDENCE ADDRESS:</b> _____	<b>BUSINESS PHONE:</b> _____
<b>MAILING ADDRESS:</b> _____	<b>E-MAIL:</b> _____
<b>EMPLOYER:</b> _____	<b>OCCUPATION/PROFESSION:</b> _____

Have you resided within Baker City for the previous 12 months? \_\_\_\_\_

Are you a registered voter in the state of Oregon? \_\_\_\_\_

How would you currently rate the City's performance? \_\_\_\_\_

Excellent                      Good                      Fair                      Poor

What ideas do you have for improving "Fair" or "Poor" performance? \_\_\_\_\_

\_\_\_\_\_

Why are you interested in serving on the City Council? \_\_\_\_\_

\_\_\_\_\_

What contributions do you feel you can/will make to the City Council and citizens of this community? \_\_\_\_\_

\_\_\_\_\_

What qualifications, skills, or experiences would you bring to the City Council? \_\_\_\_\_

\_\_\_\_\_

Previous/current appointed or elected offices: \_\_\_\_\_

Previous/current community affiliations or activities: \_\_\_\_\_

Signature:	Date:
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Office use:  
date appointed/denied \_\_\_\_\_ term ends: December of 2016

**Please be sure to attach a letter of interest to this application. Incomplete applications will not be considered.**

**The City of Baker City is an EEO Employer**