City Councilor Application

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

City of Baker City
Attn: Megan Langan
1655 First Street ● P. O. Box 650
Baker City, OR 97814
Fax● 541.524.2061 Office● 541.524.2033
cityrecorder@bakercity.gov

The position for which you are applying is City Councilor for the City of Baker City. **Please fill out the application below. All fields are required and must be answered for application to be considered. Please attach a letter of interest. If you need more room for answers, please attach a separate sheet to the application.**

NAME: _____ HOME PHONE: _____

RESIDENCE ADDRESS: _____ **CELL** PHONE: _____

MAILING ADDRESS: _____ E-MAIL: _____

EMPLOYER: _____ OCCUPATION/ PROFESSION: _____

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

Are you a registered voter in the state of Oregon? Select

How would you currently rate the City's performance? Select

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:

Office use:
date appointed/denied _____ term ends:

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