## **RESUME/APPLICATION**

Name:Telephone:		Telephone:
Home Address:		
Applicant for _		Board or Commission
Name of your B	usiness/Firm/Occupa	ation:
Address of Busi	ness/Firm/Occupatio	on:
Business 7	Γelephone Number:_	
Position:		
Name of Immed	liate Supervisor:	
Your Work Exp	oerience:	
Your Education	al Background:	
Your Volunteer	Experience and Inv	olvement:
Why would you	like to serve on this	Board?
Would you be a	ble to take time off f	from your business, work or occupation to attend a meeting or meetings of a City led during your regular working hours? YesNo
Are you a regist	ered elector (voter) i	in the City of Wyoming?YesNo
I have resided c	ontinuously in the C	ity of Wyoming since:(Month/Date/Year)
Date:	Signed	<b>:</b>
Please r	eturn to:	Wyoming City Clerk's Office

Please return to: Wyoming City Clerk's Offic 1155 - 28th Street, S.W.

P.O. Box 905

Wyoming, MI 49509-0905