



Metro

Application for Metro Councilor, District 2

APPLICANT INFORMATION

Name:

Date of application:

Email:

Phone:

Address:

City:

State:

ZIP Code:

Do you reside in Metro Council District 2?

If yes, for how long?

Are you registered to vote in District 2?

The District 2 appointee will begin service immediately upon appointment and serve until January 2019.

If selected, are you available to serve this term of appointment?

EMPLOYMENT INFORMATION

Current employer and position:

Employer address:

Phone:

City:

State:

ZIP Code:

Please list your employment history in the following section. You may also attach a resume.

Past employer and position:

Dates of employment:

Address:

Phone:

Past employer and position:

Dates of employment:

Address:

Phone:

Past employer and position:

Dates of employment:

Address:

Phone:

Please list volunteer or community projects, groups, boards, or civic organizations in which you have participated.

1.

2.

3.

4.

5.

Please provide three professional references.

Name:

Phone:

Name:

Phone:

Name:

Phone:

Please attach a written statement of no more than 750 words explaining why you are seeking this appointment, the goals you have for serving in this position, and any other experience and background information that would be helpful for the Metro Council to review, and 2) which of the regional [six desired outcomes](#) are most for critical for Metro's success in the next five years.



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SIGNATURES

All applicants will be considered without regard to race, color, religion, sex, national origin, sexual orientation, gender identity, disability, familial or veteran status.

I certify that the information I have provided in my application is, to the best of my knowledge, true and complete. I understand that this application for appointment to Metro Council, District 2, is a public record, and the information contained in this application may be disclosed and subject to public inspection. I hereby release Metro, as well as those contracted by Metro, from any liability or damage, which may result from furnishing this information.

I also acknowledge that I have read and understood the Oregon Government Ethics Commission's "A Guide for Public Officials" and I agree to abide by all applicable Oregon statutes and rules relating to the conduct of public officials.

Signature of applicant:
(if electronic, please type your full name)

Date:

Completed application materials may be submitted in person, electronically or via U.S. Mail no later than 5pm on Thursday, March 1, 2018 to Metro, Attn: Nellie Papsdorf, 600 NE Grand Ave., Portland, OR. 97232 or nellie.papsdorf@oregonmetro.gov.