



APPLICATION FOR CITY COUNCIL

Mr./Ms./Mrs. _____ Employer _____

Home Address _____ Business Address _____

_____ Zip _____ _____ Zip _____

Home Phone _____ Business Phone _____

E-mail address _____

Do you live in the Springfield City Limits? Yes _____ No _____ If yes, how long? _____

Previous employers and positions _____

Special Qualifications _____

Educational Background _____

Community activities and offices held _____

References _____

Please attach resume.

Signature: _____ Date: _____