

## **CITY OF SPOKANE VALLEY**

11707 E. Sprague Avenue, Suite 106 Spokane Valley, WA 99206 (509) 921-1000

## **APPLICATION FOR CITY COUNCIL MEMBER POSITION #7**

Thank you for your interest in serving the Spokane Valley community as a member of the Spokane Valley City Council. To be considered, applications must be completed, signed, and received at the City Clerk's office, 11707 E. Sprague Avenue, Suite 106, no later than 4:00 p.m. Friday, July 1, 2016, (late arriving mail will not be accepted). Applications may be hand-delivered or mailed.

Name:						
(Last)	(Middle)		(First)			
Complete Home Mailing Address:						
If you have lived at your current address less t you lived at those residences:	han one year, please list yo	ur previous	addresses ar	id state	thow long	5
Complete Previous Address		Ler	ngth of Tim	e at th	is Addre	55
						-
Home Phone: ( )	Fax: (	)				-
Business Phone: ( )	Cell: (	)				
E-mail:						
Occupation: (if retired, please indicate former	occupation)					
Business Address:						
Educational Background:						_
1. Registered voter in the City of Spokane Val	ley?		Yes [	]	No [	]
2. Have you continuously resided within the c law requires a councilmember to be a resident a registered voter at the time of application.)	of Spokane Valley for at le	•	•			e
3. Have you ever been convicted for anything	other than a minor traffic v	iolation?	Yes [	]	No [	]
4. If you answered "YES" to #3 above, please	explain:					
5. Do you or your spouse or any immediate	family member (spouse, cl	hildren, sibl	ings, parent	s) hav	e a financ	— ial
interest in, or are you an employee or office	er of any business or agen	cy which d	oes busines	s with	the City	of
Spokane Valley? YES [ ] NO [ ] If yes	s, please explain:					-
6. Is any member of your immediate family cu	urrently employed, either fu	ll time or pa	rt time, by t	he City	y of	-

Spokane Valley, or currently perform any volunteer work for the City of Spokane Valley? YES [ ] NO [ ] If yes, please explain: \_\_\_\_\_\_

7. Would your appointment create a conflict of interest or an appearance of a conflict of interest? YES [ ] NO[ ]

If yes, please explain:

Please list your employment for the past ten years:   NAME OF EMPLOYER   POSITION HELD		DATES OF EMPLOYMENT
9. Please list the professional affi office:		al organizations to which you belong or hold
10. Please list your special skills an	d/or interests:	
		er or paid positions held on any governmenta
	F	ROM: TO:
	F.	ROM: TO:
	F	ROM: TO:
		ROM: TO:
12. Why are you interested in servin	ng in this interim position as a Spo	okane Valley City Councilmember?

13. What are the three highest priorities you believe the City needs to address? How would you propose to address these issues?


15. Appointment to the City Council will require your attendance at numerous regularly scheduled and special meetings, which generally occur on Tuesday evenings. Councilmembers are also expected to represent the City of Spokane Valley by serving on various regional commissions, committees and boards. Are you able to commit your time and energy to participate fully as a member of the Spokane Valley City Council. YES [] NO []

16. References: Please list name, address and phone number:

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Once submitted, applications and related materials become a public record subject to public disclosure, and will appear in the Council agenda packet for the July 19, 2016 City Council meeting. Interviews are tentatively scheduled for the evening of July 19. Selected applicants will be notified of the exact date and time of the interview once all applications have been received and interviews determined by Council. Final action appointing a candidate to elective office will take place in the open public meeting, which is anticipated to occur July 26, 2016. No City elected officer shall hold any other office or employment within the Spokane Valley City government.

I certify under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct.