

## City of Rochester Hills

## **CANDIDATE QUESTIONNAIRE**

DATE	COUNCIL DISTRICT	
NAME		
ADDRESS_	ZIP	
PHONE (home)	PHONE (business or cell)	
EMAIL_		
Your Candidate Questionnaire will be kept on file and entere	ng as a Citizen Representative on a Board, Commission or Committee. d for consideration for posted openings on any Board, Commission or d of two years. Please feel free to submit an updated Candidate	
Council and other appropriate personnel as vacancies or of Page 2 of this Candidate Questionnaire may also be included	estionnaire is not confidential, and will be reviewed by the Mayor, City benings occur on the various Boards, Commissions and Committees. ed in any City Council Meeting Agenda Packet which is published and ternet. Your address, phone numbers and e-mail, contained here on	
Information relative to the below boards, commissions, and <a href="https://www.rochesterhills.org/cbc">www.rochesterhills.org/cbc</a> .	committees can be found on the City's webpage at	
BOARDS/COMMISSIONS/COMMITTEES ON WHICH YOU WAN	TTO SERVE (please check up to five applicable boxes):	
Appointed by City Council  Building Authority  Cemetery Citizen Advisory Technical Review  Deer Management Advisory Committee  Elections Commission  Green Space Advisory Board  Historic Districts Commission*  Historic Districts Study Committee  Human Resources Technical Review Committee  Liquor License Committee  Older Persons' Commission  Public Safety & Infrastructure Committee  Retiree Health Care Trust – Board of Trustees  Rochester Avon Recreation Authority  Rochester Hills Museum Foundation (3 positions)  Trailways Commission  Water & Sewer Technical Review Committee  Zoning/Board of Appeals*	Appointed by Mayor, Confirmed by City Council  Advisory Traffic & Safety  Board of Review  Brownfield Redevelopment Authority  Citizens Pathway  Construction/Fire Prevention Bd of Appeals*  Economic Development  Local Development Finance Authority  Planning Commission*  Rochester Hills Museum Foundation (3 positions)  * Denotes paid positions. Candidates will be required to complete a Form I-9, Employment Eligibility  Verification, as required by the Federal Government.	
Signature	Date	
Electronic Submission		
$\Box$ Digital Signature Option: I hereby certify the truthfulness of the and understand that checking this box and typing my full name clegally binding signature.		
Printed Submission		
Return completed and signed form to: City of Rochester Hills, Cl Rochester Hills, MI 48309 or fax to 248.656.4744 or scan copy by	Drint Form	

Be sure to complete both pages of this form before submitting.

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NAME	COUNCIL DISTRICT	
DATE	ROCHESTER HILLS RESIDENT FOR	YEARS
OCCUPATION		
INTERESTS/REASONS/QUALIFICATIONS		
	MUNICULARY COED (ED (LICENALINICIDALITIES AND DATES)	
BOARDS/COMMISSIONS/COMMITTEES ON	WHICH YOU HAVE SERVED (LIST MUNICIPALITIES AND DATES)	
ELECTIVE OFFICES THAT YOU HAVE HELD		
OTHERORGANIZATIONS		
PERTINENTEDUCATION		
HOBBIES/INTERESTS		
ADDITIONAL INFORMATION		
ADDITIONAL INFORMATION		