

City of Rochester Hills

CANDIDATE QUESTIONNAIRE

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DATE	COUNCIL DISTRICT
NAME	
ADDRESS	ZIP
PHONE (home)	PHONE (business or cell)
EMAIL	

Rochester Hills wishes to thank you for your interest in serving as a Citizen Representative on a Board, Commission or Committee. Your Candidate Questionnaire will be kept on file and entered for consideration for posted opening on any Board, Commission or Committee that you expressed an interest in for a period of two years. Please feel free to submit an updated Candidate Questionnaire at any time. We may contact you about an opening you did not select if we feel you are qualified for the opening.

Please be advised that the information contained in this Questionnaire is not confidential, and will be reviewed by the Mayor, City Council and other appropriate personnel as vacancies or openings occur on the various Boards, Commissions and Committees. Page 3 of this Candidate Questionnaire may also be included in any City Council Meeting Agenda Packet which is published and made available for public inspection in print and on the Internet. Your address, phone numbers and e-mail contained here on Page 1 will not be published in an Agenda Packet.

Information relative to the below Boards, Commissions and Committees can be found on the City's webpage at www.rochesterhills.org/cbc

Signature

Date

Electronic Submission:

Digital Signature Option: I hereby certify the truthfulness of the information provided in this application and understand that checking this box and typing my full name on the signature line above constitutes a legally binding signature.

Printed Submission:

Return completed and signed form to: City of Rochester Hills, Clerk's Office, 1000 Rochester Hills Drive, Rochester Hills, MI 48309; or fax to 248.656-4744; or scan copy by email to <u>clerksoffice@rochesterhills.org</u>

Be sure to complete all three (3) pages of this form before submitting.



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BOARDS/COMMISSIONS/COMMITTEE	S ON WHICH YOU WANT TO SERVE (please check the boxes):
Appointed by Mayor, Confirmed by Cit	<u>y Council</u>
Advisory Traffic & Safety (meets mor	nthly)
Board of Review (meets as needed)	
Brownfield Redevelopment Authorit	y (meets 4 times a year)
Citizens Pathway (meets as needed)	
Construction/Fire Prevention Board	of Appeals* (meets as needed)
Diversity, Equity & Inclusion Commit	tee (meets as needed)
Local Development Finance Authorit	y (meets 4 times a year)
Naming Standing Committee (meets	as needed)
Planning Commission* (meets monther the second seco	nly)
Rochester Hills Museum Foundation	(meets monthly)
Appointed by City Council	
Building Authority (meets 3 times a	year)
Cemetery Citizen Advisory Committe	e (meets 2-4 times a year)
Deer Management Advisory Commit	tee (meets 2 times a year)
Elections Commission (meets prior to	o each Election)
Green Space Advisory Board (meets	monthly)
Historic Districts Commission* (meet	ts monthly)
Historic Districts Study Committee (r	neets as needed)
Human Resources Technical Review	Committee (meets yearly)
Liquor License Technical Review Con	nmittee (meets as needed)
Older Persons' Commission (meets n	nonthly)
Public Safety & Infrastructure Techni	ical Review Committee (meets as needed)
Retiree Health Care Trust – Board of	Trustees (meets as needed)
Rochester Avon Recreation Authority	y (meets monthly)
Rochester Hills Museum Foundation	(meets monthly)
Trailways Commission (meets month	nly)
Water System Advisory Council (mee	ets yearly)
Zoning/Board of Appeals* (meets me	onthly)
	* Denotes paid positions. Candidates will be required to complete a Form I-9, Employment Eligibility Verification, as required by the Federal Government.



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NAME	COUNCIL DISTRICT		
DATE	ROCHESTER HILLS RESIDENT FOR	YEARS	

OCCUPATION _____

INTERESTS/REASONS/QUALIFICATIONS (Specifically list the reasons you are interested in serving on this/these committees and any qualifications you have for being on this/these committees:

BOARDS/COMMISSIONS/COMMITTEES ON WHICH YOU HAVE or currently SERVE on (List Municipalities and years):

ELECTIVE OFFICES THAT YOU HAVE HELD:

OTHER ORGANIZATIONS you have been or are involved with:

Relevant EDUCATION to the committee(s) you are interested in:

HOBBIES/INTERESTS

ADDITIONAL INFORMATION