# **APPLICATION FOR COUNCIL POSITION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  | | | |  | Date: |  |  |
|  |  | Last | First | | M.I. |  |  |  |  |
| Address: |  |  | | | |  | Phone: |  |  |
|  |  | Street address | | | Apt/Unit # |  |  |  |  |
|  |  |  | | | |  | Email: |  |  |
|  |  | City | | State | Zip Code |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Are you a Registered Voter residing within the City limits of the City of Omak? | | |  | Yes | No |  |  |
|  |  |  | | | | | |
| Have you lived the 12 preceding consecutive months within the City of Omak? | | |  | Yes | No |  |  |
|  |  |  | | | | | |

## Employer

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  | | |  | Phone: |  |  | | | | |
|  | | |  |  | | | | | | | | |
| Address: |  |  | | |  | Supervisor: |  |  | | | | |
|  | | |  |  | | | | | | | | |
| Job title: |  |  | | |  | From: |  |  |  | To: |  |  |
|  | | |  |  | | | | | | | | |

## Other Organizations you are a member of or participate in:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

On a separate page, please explain your interest in serving on the Omak City Council, and your goals for the future of the community.

**Applications are due at Omak City Hall, 2 N. Ash Street by 3:00 PM, Wednesday, February 12, 2025**