

PRESENT EMPLOYMENT:

Name of Business/Firm/Owner	Title or Position	Type of Business
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Number/Street	City/Zip	Telephone
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LIST YOUR JOB DUTIES AND RESPONSIBILITIES:

PLEASE LIST COMMUNITY ACTIVITIES AND SPECIAL QUALIFICATIONS:

EDUCATION: (Optional)

PLEASE LIST TWO PERSONAL REFERENCES (Mount Clemens Residents)

1.	_____	_____	_____
	Name	Address	Telephone
2.	_____	_____	_____
	Name	Address	Telephone

I hereby certify that this form is true and accurate to the best of my knowledge.

Signature

Date

Please return this application to: City Clerk's Office
One Crocker Boulevard
Mount Clemens, MI 48043

City of Mount Clemens
One Crocker Boulevard
Mount Clemens, Michigan 48043

CODE OF CONDUCT

When appointed to a Board or Committee, you will be required to sign the following Code of Conduct upon Oath of Office:

When appointed to a Board and/or Committee of the City of Mount Clemens, I will perform the duties of the office to the best of my ability and in accordance with the City's policies and procedures and the Charter of the City of Mount Clemens.

I will do my best to inform myself on matters of concern to the City of Mount Clemens and my specific activities of the group. I will try to attend all meetings and to give careful consideration to the business of the board, committee or commission.

As a member of the board and/or committee of the City of Mount Clemens, I will disclose to the other members any conflict of interest I may have on matters before it.

I will hold in confidence information obtained in my role as a member of a board or committee and will use such information exclusively for City purposes. I will not take advantage of my office in my contacts with representatives of the public or private sector, with other associations or with the City staff.

Signature

Date