



**CITY OF OAK CREEK  
BOARD / COMMISSION / COMMITTEE  
APPLICATION**

*This application for appointment is kept on file for 2 years  
and is a public document open for inspection and reproduction.*

I wish to be considered for appointment to the following Board, Commission or Committee \*:

**(PLEASE CHECK)**

Celebrations Commission  
 Board of Health  
 Finance Committee  
 Community Development Authority  
 Board of Health  
 Landscape and Beautification Committee  
 Library Board  
 Parks, Recreation & Forestry Commission  
 Plan Commission  
 Police & Fire Commission  
 Board of Review  
 Tourism Commission  
 Traffic & Safety Commission  
 Water & Sewer Utility Commission  
 Zoning/Housing Board of Appeals  
 Other \_\_\_\_\_

\*A list of the various Commissions, Committees and Boards with a brief description of responsibilities is available in the City Clerk's office.

(Please Print) **DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

First                       Middle                       Last

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**LENGTH OF RESIDENCE IN OAK CREEK:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**OCCUPATION/EMPLOYER:** \_\_\_\_\_

\_\_\_\_\_

**COMMUNITY SERVICE EXPERIENCE:**

Organization	Dates Served	Position

**EDUCATION:**

School	Major	Graduation Date / Degree

**EMPLOYMENT HISTORY:**

Employer	Dates Served	Position

**OTHER RELEVANT EXPERIENCE OR EXPERTISE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHY ARE YOU SEEKING APPOINTMENT TO THIS BOARD/COMMISSION/COMMITTEE?** \_\_\_\_\_  
\_\_\_\_\_

**WHAT IS YOUR UNDERSTANDING OF THE ROLE AND RESPONSIBILITY OF THE BOARD /COMMISSION / COMMITTEE YOU HAVE SELECTED?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARE YOU INVOLVED IN ANY ORGANIZATIONS OR ACTIVITIES THAT MAY RESULT IN A CONFLICT OF INTEREST IF YOU ARE APPOINTED TO ANY BOARD /COMMISSION / COMMITTEE/?** \_\_\_\_\_  
\_\_\_\_\_

**PLEASE LIST TWO LOCAL REFERENCES AND THEIR PHONE NUMBERS:**  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE LIST ANY POLICE CONVICTIONS OTHER THAN MOVING TRAFFIC VIOLATIONS (ALSO INCLUDE CITY/STATE; YEAR).**  
\_\_\_\_\_  
\_\_\_\_\_

*(Appointees will be required to take an Oath of Office.)*

**Return to: City Clerk's Office  
Catherine A. Roeske  
8040 S. 6<sup>th</sup> Street  
Oak Creek, WI 53154**

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**I hereby consent to a police record check being conducted prior to any appointment by the Common Council. Persons seeking appointment to a board or commission shall be current in all obligations and claims to the City of Oak Creek.**



**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_