

## APPLICATION FOR STANDING COMMITTEE VACANCIES

Mayor: Dr. David Drotzmann

Attn: Lilly Alarcon-Strong, CMC, City Recorder
City of Hermiston
180 N.E. 2nd Street
Hermiston, OR 97838
541-567-5521

Name of Committee:	
Position Applied For:	
Are You Re-Applying for Your Current	Committee Seat? Y / N. If so, how many years
have you served in this capacity?	<u>.</u>
For "Re-Applying" Applicants: plea	ase complete Section A, Sign, Date, and the
Authorization for Criminal History Che	ck.
For All Other Applicants: please comp	lete all sections and the Authorization for Criminal
History Check.	
Section A	
First & Last Name <u>:</u>	
Street Address:	
Mailing Address:	
Email Address <u>:</u>	
Cell Phone:	Home Phone:
Employer:	Business Ph:
Section B	
Education:	

Work History:	
Accomplishments:	
Volunteer Work:	
Section C	
Please State Your Interest in Serving on this Committee:	
Signature:	Date:



## **City of Hermiston**

Authorization for Criminal History Check Volunteer Positions ~Boards, Committees, Commissions~

The City of Hermiston requires all potential employees and volunteers to authorize a criminal history check. Individuals applying for paid and/or volunteer positions where the job duties involve any contact with vulnerable persons, including but not limited to; children under 18, senior citizens, and disabled persons will be disqualified from consideration for:

- All felony convictions.
- Misdemeanor violent crime convictions.
- Misdemeanor drug/alcohol related crime convictions\*.

## (Please print the following)

FIRST NAME		
MIDDLE NAME		
LAST NAME		
FULL ADDRESS		
DATE OF BIRTH		
By signing this form I a check.	am authorizing the City of Hermiston to conduct a criminal	history
SIGNATURE	DATE	

<sup>\*</sup>Allowable – 1 DUI in last 7 years.