Application for
JOPLIN CITY COUNCIL

Name_____
(First) (Middle) (Last)

Address_____ Zip Code _____

Mailing Address _____

Telephone: (Residence) _____ (Business) _____

(Cell) _____ Email _____

Date of
Birth _____ Resident of City _____ (years) Registered voter: Yes ___ No ___

Occupation _____

Place of Employment_____

Education (Check highest level) High School _____ College _____

Degree: Bachelor _____ Master _____ Doctorate _____

What special skills, experience or other qualifications do you have?

_____

_____

_____

Why are you interested in becoming a member of the City Council?

_____

_____

_____

Date _____ _____
(Applicant signature)

Date _____ _____
(City Clerk's signature)

Applications must be turned in to the city clerk's office, 602 S. Main Street, by 5 p.m. on Friday, October 2, 2015.