

APPLICATION FOR CHANHASSEN CITY COMMISSION

Date: _____

COMMISSION DESIRED: _____ **ALTERNATE:** _____

City of Chanhassen, 7700 Market Boulevard, P.O. Box 147, Chanhassen, MN 55317

Name: _____

Address: _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Email: _____ **No. of Years in Chanhassen:** _____

Highest Level of Education Attained, Plus Degrees, if any: _____

Employment History (State position, employer and brief description of duties: _____

Activities and Affiliations (Include elective offices, honors, and recognitions received, if any):

Reasons for Seeking this Position: _____

Specific Qualifications for the Position: _____

SIGNATURE