

Please indicate below the reasons why you would like to be appointed to the Quality of Life Council and any specific skills or experience that you believe support your application.

Please list two references other than a family member:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Do you sell to, or are you in any manner a part to, any contract to furnish supplies, material, or labor to the City of West Des Moines? _____ If so, please list: _____

Have you ever been employed by the City? _____ If so, please list dates of employment and positions held.

Do you have relatives working for the City? _____ If so, please give name and relationship.

Are you being sponsored by a community organization(s)? _____ If so, please list the following and attach a confirmation letter from said organization:

Organization: _____ Contact: _____

Phone Number: _____ Email: _____

Applicant Signature: _____ Date: _____

Please mail completed application to the office of the City Clerk at the following address:

**City of West Des Moines
ATTN: City Clerk
P.O. Box 65320
West Des Moines, Iowa 50265-0320**

