

Please indicate below the reasons why you would like to be appointed to a Board or Commission 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: _____

Iowa Code Section 69.16A requires City boards/commissions to be gender balanced. Please indicate your gender.

Male Female Non-Binary

Applicant Signature: _____ Date: _____

Please submit completed application to the office of the City Clerk as an electronic copy to ryan.jacobson@wdm.iowa.gov or as a paper copy to the following address:

**City of West Des Moines
ATTN: City Clerk
4200 Mills Civic Parkway, Suite 2B
West Des Moines, IA 50265**