



PRESENT EMPLOYMENT:

Name of Business/Firm/Owner	Title or Position	Type of Business
Number/Street	City/Zip	Telephone

LIST YOUR JOB DUTIES AND RESPONSIBILITIES:

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PLEASE LIST COMMUNITY ACTIVITIES AND SPECIAL QUALIFICATIONS:

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EDUCATION: (Optional)

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PLEASE LIST TWO PERSONAL REFERENCES (Mount Clemens Residents)

1.	Name	Address	Telephone
2.	Name	Address	Telephone

I hereby certify that this form is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this application to: City Clerk's Office  
One Crocker Boulevard  
Mount Clemens, MI 48043

**City of Mount Clemens**  
One Crocker Boulevard  
Mount Clemens, Michigan 48043

**CODE OF CONDUCT**

**When appointed to a Board, Committee or Commission, you will be required to sign the following Code of Conduct upon Oath of Office:**

When appointed to a Board, Committee and/or Commission of the City of Mount Clemens, I will perform the duties of the office to the best of my ability and in accordance with the City's policies and procedures and the Charter of the City of Mount Clemens.

I will do my best to inform myself on matters of concern to the City of Mount Clemens and my specific activities of the group. I will try to attend all meetings and to give careful consideration to the business of the board, committee or commission.

As a member of the board, committee and/or commission of the City of Mount Clemens, I will disclose to the other members any conflict of interest I may have on matters before it.

I will hold in confidence information obtained in my role as a member of a board, committee or commission and will use such information exclusively for City purposes. I will not take advantage of my office in my contacts with representatives of the public or private sector, with other associations or with the City staff.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date