

CITY OF SHERIDAN COUNCIL APPLICATION

120 SW Mill Street  
Sheridan, OR 97378  
503-843-2347

Office Use Only

( ) Date Elected \_\_\_\_\_ End of Term \_\_\_\_\_

( ) Date Appointed \_\_\_\_\_ End of Term \_\_\_\_\_

If appointed, whose seat was filled? \_\_\_\_\_

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Name of Applicant:

Residence Address of Applicant:

Mailing Address of Applicant:

Email Address:

Home Phone #

Cell Phone #

How long have you lived in the City of Sheridan?

Are you registered to vote in Yamhill County?

Please Sign and Date: \_\_\_\_\_

*Signature*

*Date*

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***Please Read Carefully:***

***The Following information should only be completed by candidates applying for an Appointed position not requiring the completion of a Form SEL 101.***

Occupation (present employment):

Occupational Background (previous employment):

Educational Background:

Prior Governmental Background:

In your opinion, what should the City's top priorities be?

How should those priorities be achieved?

Please Sign and Date: \_\_\_\_\_  
*Signature*

*Date*