



City of Hickman Appointment Application

The purpose of this form is to obtain general information for use in the nomination process of appointments by the Mayor and in making inquiries concerning the qualifications of applicants for appointments. You are encouraged to attach a resume to this form. PLEASE COMPLETE PAGES 1 & 2 of this application and return to the City of Hickman, 115 Locust St., P.O. Box 127, Hickman, NE 68372.

Personal Information

☐ Mr. ☐ Ms.

Last Name

First Name

Middle Initial

Legal Residence

Street

City

State

Zip

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Residence Telephone

Business Telephone

Applicant Occupation

Employer

E-Mail Address

Education

School

Location

Dates

Employment

Employer

Location

Dates

OVER 

In what capacity are you interested in serving the City of Hickman?

-

Planning Commission Member

Hickman Arts Council Member

☐

Board of Adjustments Member

□

Other (Specify)_____

Why do you want to serve the City of Hickman as an appointed official and why are you interested in becoming a member of the city body chosen above?

[illegible]

How long have you lived in the City of Hickman?

_____Years _____Months

I agree to the following: 1) I am a citizen of the United States; 2) I am a resident of the City of Hickman; 3) I am a registered voter; and, 4) I give permission for the City of Hickman to conduct a background check including but not limited to criminal history check and credit check for which I will supply my Social Security Number and Date of Birth upon request.

Signature _____

Date _____