201 Center St W o P.O. Box 309 Eatonville, WA 98328 Phone: (360) 832-3361 o Fax: (360) 832-3977

#### APPLICATION FOR APPOINTMENT

I wish to be considered for appointment to the following committee or commission: Town Council Member - Planning Commission Member Civil Service Commissioner Lodging Tax Advisory Committee Printed Name: Joe Hagen Physical Address: City: Eatonville State: WA Zip: 98328 Mailing Address: City: Eatonville State: WA Zip: 98328 Phone (home): Cell# Email address: Present Employer: Address: Work Phone: Hobbies/Interests: Church volunteer, music, local government, school government Have you previously served or are you currently on one of the Boards or Commissions listed above? Ýes X No If yes, please specify: Police Civil Service Commission Date available for appointment: 1/9/2023 Are you a registered voter? Yes X No Political Party (Civil Service Only) Are you available to attend evening meetings? -Yes X No Are you available to attend daytime meetings? Yes X No Approximately how many hours each month can you devote to Town business? 30

Recommen	ded by:	
Education:	Accounting, Business, Leadership	o, Aircraft Mechanic
	College of the Air Force, Tacoma C	Community College, Pierce College
		,
		l and archin monitions for 20 years
Profession	al and/or community activities: [	Leadership positions for 32 years,
LD2 PCO.	Church volunteer. Founder of local	l Prayer and Coffee group. 3rd of July volunteer.
Attendance	e of many council, planning commis	sion and sub committee meetings.
,		,
Please sha	re some of your experiences or o	qualifications that relate to the work of this
committee	e or commission: In 2021, Eatonv	ille Town Council candidate, earned 449 or 48.2%
		and make change suggestions to Chapter 16 EMC
As a resid	ent of the Town of Eatonville of 17	part of this committee or commission: years, I want to serve the people in a capacity way. I have a passion for local governent
activitiy th	at will benefit the town, businesses	, and the people who live in it and future residents.
	ary, are you available for an inter	view prior to appointment? Yes 🗾 No
PLEASE	RETURN THIS FORM TO:	TOWN OF EATONVILLE 201 Center Street West P.O. Box 309 Eatonville, WA 98328 (360) 832-3361 (360) 832-3977 (Fax)
Signature	Joseph P. Hagen , Digitally	signed by Joseph P. Hagen Date: 01-04-2023

201. Center St W o P.O. Box 309 Eatonville, WA 98328

Phone: (360) 832-3361 o Fax: (360) 832-3977

### APPLICATION FOR APPOINTMENT

wish to be considered for appointment to t	ne following com	mittee or commission:	
X Town Council Member	Plann	ing Commission Member	<del>.</del>
Civil Service Commissioner	·Lodgi	ng Tax Advisory Commi	ttee
Printed Name: Mike Schaub			
Physical Address:			
City: Eatonville	State: WA	Zip: <u>98328</u>	
Mailing Address: same as above			
City:	State:	Zip:	
Phone (home):	Cell #	į	
Email address:			
Present Employer:			
Address:	Wo:	rk Phone:	
Hobbies/Interests:			
Have you previously served or are you curlisted above? Yes No X	rently on one of t	he Boards or Commission	1S
If yes, please specify:			
Date available for appointment: immediate	ely		
Are you a registered voter?	· Yes X	No	
Political Party (Civil Service Only)			
Are you available to attend evening meeting	igs? Yes X	No	
Are you available to attend daytime meeting	ngs? Yes	No <u>X</u>	
Approximately how many hours each mon	th can you devote	e to Town business? 8-10	)

Recommen	ded by:		
Education:	Associate in Arts and Sciences - Pierce College; Bachelor of Arts in Business		
	on - Pacific Lutheran University		
Professiona	al and/or community activities:	· .	
Please shar	re some of your experiences or o	qualifications that relate to the work of this	
committee	or commission: I have been em	ployed in both the operations and financial	
manageme	ent side of state government for ove	er 28 years. I was the Town of Eatonville	
Treasurer f	or six years and the mayor for eigh	nt years and understand the town government.	
I am third g	generation of my family to live in Ea	eart of this committee or commission: atonville and I want to see the town thrive and licies and municipal code and believe with	
		ent apply and improve in this area.	
	ry, are you available for an inter	view prior to appointment? Yes No	
PLEASE I	RETURN THIS FORM TO:	TOWN OF EATONVILLE 201 Center Street West P.O. Box 309 Eatonville, WA 98328 (360) 832-3361 (360) 832-3977 (Fax)	
Signature:	With Sell	Date: 1/4/2023	

201 Center St W o P.O. Box 309 Eatonville, WA 98328

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### APPLICATION FOR APPOINTMENT

I wish to be considered for appointment to	the following committee or commission:
Town Council Member	Planning Commission Member
Civil Service Commissioner	Airport Commission Memeber
Name: Nathon S. Sm: +h	
Physical Address:	The second of th
City: <u>Eatonville</u>	State: WA Zip: 98328
Mailing Address:	
City: <u>Eatonville</u>	State: <u>w4</u> Zip: <u>98328</u>
Phone (home):	Cell#
Email address:	AND CONTRACTOR OF THE CASES
Present Employer:	18 18 18 18 18 18 18 18 18 18 18 18 18 1
Address: 1914 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
Hobbies/Interests: Helping peop	he, making people 3m:1e, Tinkering
Have you previously served or are you cullisted above? Yes No	rrently on one of the Boards or Commissions
If yes, please specify: Planning	Commission
Date available for appointment: 03 5	oon as I have my notice to tever
Are you a registered voter?	Yes X No
Political Party (Civil Service Only)	
Are you available to attend evening meeti	ngs? Yes <u>X</u> No
Are you available to attend daytime meeti	ngs? Yes <u>X</u> No
Approximately how many hours each mor	nth can you devote to Town business? 10-15  more is well-assary

Recommended by: David Baublits	
Education: <u>Eatonuille</u> High, 2 years Piere e College no l	)-egres
Professional and/or community activities: Vol un real around Tour, Tr	'aserre
for E.B.A. CEntonutle Business Association), Local Business	
Owner.	
Please share some of your experiences or qualifications that relate to the work of this committee or commission: Melping with Town events is:  3rd & 4th of July Calebrations, Christmas Events, It Love of this town and The drive to get things done.  Please explain why you would like to be part of this committee or commission:	,
To make a gos: time difference in Eatonuille, Also to	
make Suce true town is there long enough for our Kid To there a Arect Town to Live in.	5
If necessary, are you available for an interview prior to appointment? Yes No	
Attach additional pages if needed.	West State Control of the Control of
PLEASE RETURN THIS FORM TO: TOWN OF EATONVILLE 201 Center Street West P.O. Box 309	
Eatonville, WA 98328 (360) 832-3361 (360) 832-3977 (Fax)	
Signature: Date: 12 · 28 - 2	

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## APPLICATION FOR APPOINTMENT

I wish to be considered for appointment to	o the following comm	ittee or commission:	
X Town Council Member	Plannin	Planning Commission Member	
Civil Service Commissioner	Lodgin	g Tax Advisory Committee	
Printed Name: Colin 5	tephens		
Physical Address:	}		
City: <u>Eatonville</u>	State: WA	Zip: <u>98328</u>	
Mailing Address: SAme			
City:	State:	Zip:	
Phone (home):	Cell#		
Email address: Fig. 1997	eser acette con the		
Present Employer:	(12) (12) (13) (13) (13) (13) (13) (13) (13) (13	)	
Address:			
Hobbies/Interests: Oldc AR's			
Have you previously served or are you clisted above? Yes No _X	· · · · · · · · · · · · · · · · · · ·		
If yes, please specify:			
Date available for appointment:/	2-2023		
Are you a registered voter?	Yes X	No	
Political Party (Civil Service Only)		,	
Are you available to attend evening mee	tings? Yes X	No	
Are you available to attend daytime mee	tings? Yes 🔏	No	
Approximately how many hours each me	•		

Recommended by:	
Education: 14ig 2 5 chool.	2 Year Associate degree
IN SAle's and Bust	NESS Managment
•	
Professional and/or community activities:	8 year's volunteer
fire Lighter	
Please share some of your experiences or	qualifications that relate to the work of this
committee or commission: I have	e attended Counil
	Lother meeting over the
LAST 10 plus Year	5
	· ·
Please explain why you would like to be p	part of this committee or commission:
To Give to the com	muntle and make
<u>ration</u> rill & 264	race place
If necessary, are you available for an inter	view prior to appointment? Yes X No
Attach additional pages if needed.	
PLEASE RETURN THIS FORM TO:	TOWN OF EATONVILLE 201 Center Street West
·	P.O. Box 309
v.	Eatonville, WA 98328
!	(360) 832-3361 (360) 832-3977 (Fax)
	(300) 032-3711 (xax)
Signature: Coli Stati	Date: 12-27-22