



21 E. Church Street
Lake Orion, MI 48362
248-693-8391
www.lakeorion.org
(An Equal Opportunity Employer)

Candidate Application for Appointment to Lake Orion Village Council

Date: 8-25-25

Applicant Information			
Full Name:	<u>HOBBS</u> Last	<u>DOUGLAS</u> First	<u>D.</u> M.I.
Address:	[REDACTED]		
	Street Name		
	[REDACTED]	[REDACTED]	[REDACTED]
	City	State	ZIP Code
Email:	[REDACTED]	Cell Phone:	[REDACTED]
		Home Phone:	//
Employment:	<u>SEMI RETIRED ST. JOSEPH MERCY HOSPITAL / BEHAVIORAL MED.</u> Employer Name		
Address:	<u>44405 N. WOODWARD.</u> <u>PONTIAC, MI, 48341</u>		
Occupation:	<u>MENTAL HEALTH TECHNICIAN.</u>		
Work Phone #:	<u>248-858-3625</u>		

How long have you lived in the Village of Lake Orion? 23 Years

Are you a registered voter in the Village of Lake Orion? Yes No

Are there any reasons you might have a conflict of interest if you were appointed to the Village Council?
Yes No If yes, please explain: _____

Have you ever been convicted for anything other than a minor traffic violation? Yes _____ No

Past Experience or Other Relevant Information

(Village Boards, Churches, Civic or Community Groups, Memberships, Associations, etc. Attach resume or additional page, if necessary.)

<p>VILLAGE COUNCIL 2008 - 2022 BZA PLANNING COMMISSION PAINT CREEK TRAIL - VILLAGE REP. ORION CABLE COMMISSION VILLAGE REP.</p>	<p>LATEER APOSTOLIC CHURCH, MEMBER</p>
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Education

High School:	PONTIAC CENTRAL 1971	
Technical or Vocational:		
College:	BAKLAND COMMUNITY COLLEGE	ASSOCIATE DEGREE IN MENTAL HEALTH SOCIAL WORK 1995
Graduate or Professional:		

Related Employment Experience (most recent first)

Company:	ST. JOSEPH HOSPITAL BAKLAND		Phone:	248-858-3000
Address:	44405 W. WOODWARD PONTIAC MI 48341			
Job Title:	MENTAL HEALTH TECH - BEHAVIORAL HEALTH UNIT.			
Responsibilities:	PATIENT CARE/NURSING			
From:	2002	To:	PRESENT	

Company:	GREEN ART SUPPLY		Phone:	OUT OF BUSINESS
Address:	429 MAIN ROCHESTER MI 48307			
Job Title:	RETAIL SALES			
Responsibilities:	FRAMING - CERAMIC KILN REPAIR/RY-SALES SALES OF ART SUPPLIES TO MICHIGAN SCHOOLS IN METRO & THUMB AREA OF STATE			
From:		To:		

Company:			Phone:	
Address:				
Job Title:				
Responsibilities:				
From:		To:		

Personal References

Please list three professional references (not former employers or relatives).

Full Name:	KELLY ORLANDI	Relationship:	NURSE MANAGER FRIEND
Company:	ST JOSEPH MERCY OAKLAND BEHAVIORAL MEDICINE	Phone:	[REDACTED]
Address:	[REDACTED]		
Full Name:	KYLE CAMERON	Relationship:	FRIEND NEIGHBOR
Company:	ORION FIRE DEPT.	Phone:	[REDACTED]
Address:	[REDACTED]		
Full Name:	ANTHONY KINSLER	Relationship:	PASTOR
Company:	[REDACTED]	Phone:	[REDACTED]
Address:	[REDACTED]		

Disclaimer and Signature

To the best of your knowledge, do you or a member of your immediate family have any direct financial or business relationships with any supplier, service provider or contractor of the Village of Lake Orion from which you or they derive direct compensation or financial benefit?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If yes, please explain:	[REDACTED]		

Printed Name:	DOUGLAS HIBBS	Date:	8-25-25
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Signature:	[REDACTED]
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Emergency Contact	JANICE HIBBS WIFE	[REDACTED]
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