

From: noreply@civicplus.com
To: [Clerks](#); [Amy Mischak](#)
Subject: Online Form Submittal: City of Madison Heights Application for Boards and/ or Commissions
Date: Thursday, November 30, 2023 2:57:00 PM

City of Madison Heights Application for Boards and/ or Commissions

Step 1

Indicate the board you wish to apply for with an "x" in the box provided (Please use one application per board)	Community Advisory Board (CAB), Construction Board of Appeals, Downtown Development Authority / Brownfield Redevelopment Authority, Information Technology Advisory Committee, Planning Commission*, Zoning Board of Appeals
Indicate below why you wish to serve on this Board/Commission and your relevant experience:	I am writing to express my interest in serving on the boards and/or commission. As an experienced electrical controls engineer with a background in project management, design, build, and commissioning, I believe my skills align well with the responsibilities and objectives of any Board/Committee Name I have selected
Do you currently serve on any other Boards/Commissions?	No
Last Name	Sagar
First Name	Rahul
Street Address	600 E Rowland Ave
Email Address	rahulmukeshsagar@gmail.com
Home Phone #	2698305979
Business/Cell Phone #	2698305979
Employer	ENRX
Occupation	Electrical controls engineer
Educational Background	Bachelors in Computer engineering
Community Activities and / or Work	Project Management: Successfully managed 6 of projects from inception to completion, demonstrating strong organizational and

Experience	leadership skills. Design and Build: Led the design and build phases for induction hardening machines and automotive assembly plants, ensuring compliance with industry standards and local regulations. Commissioning: Oversaw the commissioning process for Induction hardening machines and automotive assembly plants, ensuring the successful implementation and functionality of electrical control systems.
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Have you ever been arrested and convicted of a misdemeanor or felony	No
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Electronic Signature	Rahul Sagar
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Date	11/30/2023
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I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.	I agree
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Thank you for your interest in serving on an Advisory Board or a Commission. This application will be kept on file for ONE YEAR. All information in this application is public information and subject to disclosure in response to public records request made pursuant to the Freedom of Information Act.

Background Check

CITY OF MADISON HEIGHTS APPLICATION FOR BOARDS AND COMMISSIONS Background Check Authorization and Waiver

Race	Asian
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Gender	Male
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*These items are required to enable the City of Madison Heights to conduct accurate background checks at any time while applying for or while serving on a Board and/or a Commission. The City of Madison Heights fully supports and complies with the laws which are enacted to protect and safeguard the rights and opportunities of all people, without being subjected or exposed to harassment or discrimination of any kind, including age, national origin, sex, race, religious affiliation, color, height, weight, or marital status.

I herewith release, defend and hold harmless the City of Madison Heights from

any and all claims by myself which may arise from performance of the duties for which I am volunteering. I understand that the City of Madison Heights will indemnify me from any and all claims arising from the performance of the duties for which I am volunteering as long as I am following the rules, regulations, and policies of the department and the City.

I authorize the City of Madison Heights to investigate my background as determined necessary for the particular activity for which I am volunteering. I hereby release and discharge the City of Madison Heights, the Oakland County Sheriff's Department, and/or the Michigan State Police and their agents from liability for any damage of whatever kind or nature, except for willful or intentional acts, that may result from release of this information to the City of Madison Heights.

Last Name	Sagar
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First Name	Rahul
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Date of Birth	06/24/1992
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Electronic Signature	Rahul Sagar
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Date	11/30/2024
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I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.	I agree
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