| Application for Board, Authority, Committee or Commission PERSONAL INFORMATION: | | | | | | | | |
|---|--------------------------|---|---|--|--|--|--|--|
| | | | | | | | | |
| Address | ddress Zip | | | | | | | |
| Home Telepl | hon Work Telephone | FAX | EMAIL | | | | | |
| | Decatur board/authority | e attachment if necessar y/committee/commission on v | y) which you currently serve or on which you have | | | | | |
| Years | Board/Authority/C | Committee/Commission | Position Held | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| List any specific application, lea | | ommittees or commissions or | n which you desire to serve (if this is a general | | | | | |
| | | | | | | | | |
| Explain your re | ason(s) for applying for | membership on a City of De | catur board, authority, commission or committee | | | | | |
| | | | | | | | | |
| List the two mo | | aits that would help you be a | n effective member of a board, authority, | | | | | |
| | | | | | | | | |
| List any other n | urofessional technical a | nd any other abilities, knowle | edge or experience that enhance your ability to | | | | | |
| | | mittee or commission well: | sage of experience that enhance your ability to | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Have you ever | been convicted of a feld | ony or charged with an act in | volving moral turpitude? If yes, explain. | | | | | |

| Do you hav€ | e any rela | tives (cur | rent or previous) e | mployed by the C | ity of Dec | catur? If yes, provide name and position | | |
|-------------|--|--------------|---|------------------------|------------|---|--|--|
| | | | | | | | | |
| EDUCATIO | N (OPTIC | ONAL) | | | | | | |
| | | | Name | Year | | Degree | | |
| High Schoo | ol | | | | <u> </u> | | | |
| College | | | | | | | | |
| Post Gradu | uate | | | | | | | |
| COMMUNIT | ΓΥ ACTIV | /ITIES (us | se attachment if ne | cessary) | | | | |
| Year | | Organization | | Position | s Held | Honors/Awards/Accomplishments | | |
| | | | | | | | | |
| | | | | | | + | | |
| | | | | | | + | | |
| | | | | | | | | |
| EMPLOYM | MENT HIS | STORY (O | PTIONAL) | | | | | |
| Year | | Com | pany | Position | s Held | Honors/Awards/Accomplishments | | |
| | | | | | | | | |
| | | | | + | | | | |
| | | | | | | | | |
| | | | | | | | | |
| REFEREN | CES (list | at least th | ree City of Decatu | ır residents who k | (now you) |) | | |
| Ne | ame | | Add | dress | | Telephone Number | | |
| | | _ | | | | | | |
| | | | | | | - | | |
| | | | | | | + | | |
| | | l | | | | | | |
| = | | | statements are tru secure additional | | | rize the City of Decatur to investigate y. | | |
| Date | | | | Signature | Signature | | | |
| Notice: Th | e City of | Decatur d | oes not discrimina | ite against any pe | rson on t | the basis of race, color, religion, sex, | | |

APPLICATIONS WILL BE KEPT ON FILE FOR ONE YEAR FROM THE DATE IT WAS RECEIVED

national origin, age or handicap in any of its educational or employment programs or practices.