

Please Type or use Black Ink

Date \_\_\_\_\_

**PUBLIC SERVICE APPLICATION  
Columbia, Missouri**

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Number Street Zip Code

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Do you live within the city limits of Columbia? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give Ward: \_\_\_\_\_

Are you a registered voter? Yes \_\_\_\_\_ No \_\_\_\_\_

1. Board or Commission applying for: \_\_\_\_\_

If applicable, category applying for (i.e. layperson, artist, nurse, etc.): \_\_\_\_\_

2. Current Employer: \_\_\_\_\_ Phone (Office): \_\_\_\_\_

Position/Title: \_\_\_\_\_ Product/service rendered by employer: \_\_\_\_\_

*[Note, if retired, a homemaker, a student, unemployed, etc., please indicate. Also, if you are retired or unemployed, please indicate previous place of employment, if any, and if you are a student, please indicate the high school, college, etc. you currently attend. This information is requested to ensure there is not a conflict of interest and/or to ensure a particular requirement is met when applicable.]*

3. Current community service, to include other Boards or Commissions on which you currently serve:

\_\_\_\_\_  
\_\_\_\_\_

4. Past community service: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Why do you wish to serve on this Board or Commission? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. What experience or qualifications do you have relating to the function of this Board or Commission?

\_\_\_\_\_  
\_\_\_\_\_

7. Do you have any monetary interest, direct or indirect, in any pending or incomplete transaction or contract to which the City is, or is to be, a party? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Does any family member have any monetary interest, direct or indirect, in any pending or incomplete transaction or contract to which the City is, or is to be, a party? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to questions 7 and/or 8, please explain: \_\_\_\_\_

\_\_\_\_\_

9. Other information or comments: \_\_\_\_\_

\_\_\_\_\_

10. Have you read the duties and responsibilities of the Board or Commission for which you are applying?  
Yes \_\_\_\_\_ No \_\_\_\_\_

11. References (List 2):

NAME

ADDRESS

PHONE NUMBER

\_\_\_\_\_

12. How did you hear about this

Newspaper Ad \_\_\_\_\_

City of Columbia Website \_\_\_\_\_

Newsletter that comes with City Utility Bill \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

**RETURN APPLICATION TO:**

City of Columbia  
City Clerk's Office  
P.O. Box 6015  
Columbia, MO 65205-6015

**By submitting this form you affirm that the information contained in this application is true and accurate to the best of your knowledge and that you are the person named in the applicant section of this form. In addition, you acknowledge that upon receipt by the City, this form is a public record and will be provided to anyone requesting a copy.**

*NOTE: You may attach your resume or other information.*