

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 vacancy?

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 its contents will be provided to anyone requesting a copy and that your name, street number/address, and ward will be made available to the public via the council meeting agenda, which is posted on the internet.

NOTE: You may attach your resume or other information.