



Application for Committee/Boards/Commissions

The information you provide on this questionnaire will be used by the Mayor and City Council in considering your appointment. Please complete each blank, if applicable.

Office of the Mayor
5th Floor, City Hall, 808 W. Spokane Falls Blvd.
Spokane, WA 99201-3315, Phone: (509) 625-6250

FOR OFFICIAL USE ONLY	
Position _____	
Experience _____	Signature _____
Driver's Lic. No. _____	
By: _____	Date: _____

PLEASE TYPE OR USE **BLACK INK ONLY** AND ATTACH ADDITIONAL SHEETS IF NECESSARY.

PERSONAL INFORMATION

Committee applied for: _____ New Appointment: _____ Reappointment _____

Position: _____

Name: _____ Email: _____

Business Name: _____ Business Address: _____

City: _____ State _____ Zip _____ Phone (____) _____

Residence Address: _____ City: _____

State _____ Zip _____ Phone (____) _____ Years at Current residence _____

How long have you been a continuous resident of the city of Spokane? _____

Are you a citizen of the United States? _____ Are you registered to vote in the city of Spokane? Yes No

Have you ever used or been known by any other name (aside from maiden name)? _____

EDUCATION

Highest grade completed Graduation Date

(High) _____	9 10 11 12 _____
(College) _____	13 14 15 16 _____
Major: _____	Degree: _____
Other schools attended: _____	Degree: _____
_____	Degree: _____

Answer all of the following by placing "X" in the proper column. If an answer to any question is "yes", explain in detail on a separate piece of paper.

- A. Have you ever been rejected for city employment?
- B. Have you ever been discharged (fired) or resigned (quit) in lieu of discharge, except for lay off because of lack of work?
- C. Have you been convicted by a court of law within the last 7 years, including forfeiture of collateral? A conviction will not necessarily bar you from serving in volunteer position.

Yes	No

MILITARY HISTORY

Are You or have you been a member of the Armed Forces of the United States? _____

Dates of services _____ Branch of Service _____ Date & Type of Discharge _____

CURRENT EMPLOYMENT:

Name/Location _____

Nature of Business _____ Position _____ From/To _____

Phone (____) _____

PREVIOUS EMPLOYMENT:

Name/Location _____

Nature of Business _____ Position _____ From/To _____

Phone (____) _____

Have you ever been employed by or held a position or office with any federal, foreign, Washington or other state, or local governmental entity or agency? If yes, please list.

Position _____ Name of Entity/Agency _____ From/To _____

Position _____ Name of Entity/Agency _____ From/To _____

Position _____ Name of Entity/Agency _____ From/To _____

ORGANIZATIONS AND CIVIC EXPERIENCE

List any community, civic, trade or professional organization in which you have been active.

Organization/Project _____ City/State _____ From/To _____

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Have you ever been elected or appointed to any public office, board or commission in Washington State? If so, please list.

Title/Position _____ Office/Board/Commission _____ Election/Appt. Date _____ Term Length _____

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REFERENCES

The following individuals are qualified to comment on my capabilities.

Name _____ Relationship _____ Address _____ Phone _____

Name _____ Relationship _____ Address _____ Phone _____

Name _____ Relationship _____ Address _____ Phone _____

OATH OF APPLICATION

I CERTIFY UNDER OATH that I have read and understand all questions and statements contained in this application, further, that all statements I have made herein are true and correct to the best of my knowledge and belief.

AUTHORIZATION FOR REFERENCE CHECK. I hereby authorize any individual, company or institution with whom I have been associated to furnish the City of Spokane any pertinent information concerning my employability which they may have on record or otherwise. I do hereby release the individual, company, or institution and all individuals connected therewith from all liability for any damages whatsoever incurred in furnishing such information.

(Initials Here) _____

NOTE: Information contrary to State laws against discrimination is not sought or utilized.

SIGNATURE OF APPLICANT _____ DATE _____

PLEASE RETURN A HARD COPY OF THIS FORM, ALONG WITH (IF REQUIRED) ALL CURRENT PUBLIC DISCLOSURE REPORTS FILED PURSUANT TO RCW 42.17

RETURN TO: OFFICE OF THE MAYOR