



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

# 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.

FOR MAYOR'S OFFICE USE ONLY	
Position _____	Education _____
Experience _____	Signature _____
Recorded _____	Notified _____
Driver's Lic. No. _____	
By: _____	Date: _____

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

**PERSONAL INFORMATION**

Position applied for: \_\_\_\_\_ New Appointment: \_\_\_\_ Reappointment \_\_\_\_

Name: \_\_\_\_\_ EMail: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_ Years at Current residence \_\_\_\_

If less than two years at current address, please list previous address \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_ Years at Previous residence \_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

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? \_\_\_\_\_

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

EDUCATION	Highest grade completed	Date of Graduation
(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.**

	Yes	No
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 employment _____		

**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 \_\_\_\_\_

**PREVIOUS EMPLOYMENT:**

Name/Location \_\_\_\_\_

Nature of Business \_\_\_\_\_ Position \_\_\_\_\_ From/To \_\_\_\_\_

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 \_\_\_\_\_

Organization/Project \_\_\_\_\_ City/State \_\_\_\_\_ From/To \_\_\_\_\_

Organization/Project \_\_\_\_\_ City/State \_\_\_\_\_ From/To \_\_\_\_\_

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 \_\_\_\_\_

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

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

**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**