



### Application for Council Districting Board

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

[ Date Stamp ]

#### APPLICANT INFORMATION

Applicant's Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ District: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

As required in Article VII, Section 59 of the City Charter, applicants must be able to affirm the following statements:

- \_\_\_\_\_ I have maintained a primary residence within the City for the past two consecutive years
- \_\_\_\_\_ I am registered to vote in the City of Spokane
- \_\_\_\_\_ I have not been a registered lobbyist in the State of Washington within one year prior to selection
- \_\_\_\_\_ I will not campaign for elective office or actively participate in or contribute to any political campaign of any candidate for local, state, or federal office while a member of the Districting Board
- \_\_\_\_\_ I will not hold or campaign for any City Council position for two years after the effective date of the districting plan

#### EDUCATIONAL HISTORY

High School: \_\_\_\_\_ Diploma Earned: \_\_\_\_\_

Address: \_\_\_\_\_

College/University: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Address: \_\_\_\_\_

#### EMPLOYMENT HISTORY

Present or Last Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

#### REFERENCES

The following individuals are qualified to comment on my capabilities. Please identify one personal and one professional reference.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_



**BACKGROUND INFORMATION**

Describe your civic involvement in the Spokane community. \_\_\_\_\_

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Describe why you are interested in serving on this Board. \_\_\_\_\_

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Describe how your specific experience makes you qualified for this particular Board. \_\_\_\_\_

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**UNDERSTANDING OF APPLICATION**

I, \_\_\_\_\_, certify 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.

I understand that if selected for a position to serve on a Committee, Board, or Commission, that I will be required to attend a majority of the meetings held.

I understand that if selected for a position to serve, that I will be subject to the City's Code of Ethics set forth in Chapter 1.04 of the Spokane Municipal Code.

I understand that applications are subject to the Washington State Public Records Act, which provides an exemption from public inspection and copying of certain personal information as set forth in the Act.

I understand this application authorizes a reference check and 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.

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

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_



## EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

(This information is voluntary and in no way affects the outcome of your application.)

**POSITION APPLYING FOR:** \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Sex:  Female  Male      Date of Birth: \_\_\_\_\_

**Ethnic Origin** (please select one of the following):

- Hispanic / Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)
- White (having origins in any of the original peoples of Europe, the Middle East, or North Africa)
- Black / African American (having origins in any of the black racial groups of Africa)
- Native Hawaiian / Other Pacific Islander (having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- Asian (having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- American Indian / Alaska Native (having origins in any of the original peoples of North, Central, and South America, and who maintain tribal affiliation or community attachment)
- Two or More Races (all persons who identify with more than one of the above)

**Veteran Status:**

- Not a veteran       Vietnam-era veteran
- Disabled veteran       Any other veteran

**Disability Status:**

- Disabled       Non-Disabled