



Date Stamp

**Application For OPO Commission – SMC 4.32.010 et. seq.**

(SMC 4.32.010 is available at [www.SpokaneCity.org](http://www.SpokaneCity.org) or from the City Clerk)

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.

Please attach additional materials (Resume, Letters of Reference) that you would like considered as part of your Application.

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

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

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

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Have you ever used or been known by any other name? \_\_\_\_\_

How long have you been a continuous resident of the City of Spokane? \_\_\_\_\_

If less than seven years, please list all addresses within last seven years. \_\_\_\_\_

Which council district do you currently reside? \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_

Are you registered to vote in the City of Spokane? \_\_\_\_\_

Do you meet all of the eligibility requirements as defined in the Spokane Municipal Code Chapter 04.32.150? \_\_\_\_\_

**EDUCATIONAL HISTORY**

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

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

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

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

Any other training or education that you believe is relevant? \_\_\_\_\_

**EMPLOYMENT HISTORY**

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

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

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

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



**SUPPLEMENTAL QUESTIONS**

(please use an additional page to answer the following)

1. Describe your civic involvement in the Spokane community.
2. Why you are interested in serving on the OPO Commission?
3. How does your specific experience make you qualified for the OPO Commission?
4. Describe any involvement or interaction that you have had with the Spokane Police Department.
5. Describe any involvement or interaction that you have had with law enforcement.
6. Is there any other information that you believe should be considered? If so, please set forth.

**REFERENCES**

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

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

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

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

**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 certify that I have read and understand the Spokane Municipal Code Chapter 04.32.150 regarding the qualifications and responsibilities of the OPO Commission and that I will be required to attend all scheduled meetings

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 if selected for a position to serve, that I will abide by the City's confidentiality requirement under Spokane Municipal Code Chapter 04.32.150.

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 authorizes any individual, company, or institution with whom I have been associated to furnish the City of Spokane any pertinent information concerning my application 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: \_\_\_\_\_

**PLEASE RETURN A HARD COPY OF THIS FORM TO THE  
MAYOR'S OFFICE – CITY HALL, 7<sup>TH</sup> FLOOR**



## 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