



Application For Committees/Boards/Commissions

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]

POSITION APPLYING FOR: _____

Applicant's Name: _____

Residence Address: _____

Mailing Address: _____

Email: _____ Home Phone: _____ Cell Phone: _____

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

Are you registered to vote in the City of Spokane? _____

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

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: _____



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BACKGROUND INFORMATION

Describe your civic involvement in the Spokane community. _____

Describe why you are interested in serving on this Committee/Board/Commission. _____

Describe how your specific experience makes you qualified for this particular Committee/Board/Commission. _____

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: _____

PLEASE RETURN A HARD COPY OF THIS FORM TO THE MY SPOKANE SERVICE DESK



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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