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? _____
Which Council District do you reside in? _____ (Need to verify, click HERE)
Have you ever served on a City Board or Commission? If so, which one? _____

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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and City Council in considering your appointment.
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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 MAIL TO SPOKANE CITY HALL OR SEND VIA EMAIL TO MAYOR@SPOKANECITY.ORG

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

POSITION APPLYING FOR: _____

Applicant's Name: _____

Gender: _____ Female _____ Male _____ Non-Binary _____ Prefer not to answer   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