



City Of Richmond, Virginia
City Council
BOARDS AND COMMISSIONS
BACKGROUND INFORMATION FORM
Boards and Commissions
Application

(Please Print or Type)

(NAME OF AUTHORITY, BOARD OR COMMISSION)

Name:

Home Address: *(Street, City/County)*:

Zip Code:

Home Telephone:

Home Fax:

Home E-Mail Address:

Employer:

Job Title:

How Long? :

Business Address: *(Street, City/County)*:

Zip Code :

Business Telephone:

Ext:

Fax :

E-Mail Address :

Is Your Place Of Employment Located In The City? Yes Or The County?

Which County?

Have You Ever Been Convicted Of A Felony? Yes No

Are You A City Resident? Yes No Number Of Years?

Which City Council District?

Do you or your employer have a contract, other than a contract of employment, either with the City or with the entity to which you are seeking appointment? Yes No

If yes, please provide information on the nature of the contract.

Please List Your Educational Background And/Or Other Expertise Or Qualifications You Will Bring To This Board/Commission:

NOTE: THIS APPLICATION IS A PUBLIC DOCUMENT. COMPLETED APPLICATIONS WILL REMAIN ON FILE FOR CONSIDERATION FOR ONE YEAR AT WHICH TIME IT MUST BE UPDATED.

OFFICE OF THE CITY CLERK, City Hall Suite 200 900 East Broad Street, Richmond, Virginia U.S.A. 23219
Telephone: (804) 646-7955 Fax: (804) 646-7736



City Of Richmond, Virginia
City Council
BOARDS AND COMMISSIONS
BACKGROUND INFORMATION FORM
Boards and Commissions
Application

(Continued)

List other City of Richmond Boards or Commissions you currently or have previously served on. Please give date(s) and office(s) held, if applicable.

OTHER COMMUNITY INVOLVEMENT:

(OPTIONAL)

PLEASE LIST ADDITIONAL INFORMATION YOU WOULD LIKE CONSIDERED, OR YOU MAY ATTACH YOUR RESUME OR OTHER INFORMATION.

Please Check This Box If Your Resume Is Attached.

How Did You Hear About Or Who Referred You To Apply For Appointment To This Board/Commission?

Signature: _____ **Date:** _____

(By signing, forwarding or otherwise transmitting this form, You Certify That All Information Submitted For Consideration Is True And Correct To The Best Of Your Knowledge)

(Please Do Not Write Beyond This Space)

FOR USE BY THE OFFICE OF THE CITY CLERK ONLY

PATRON(S):

Requested Introduction Date:

Other Action:

Date:

Archive Date:

Reviewed Felony Box On First Page And Verified Residency/Business Requirement: **Initial :**

Date:

NOTE: THIS APPLICATION IS A PUBLIC DOCUMENT. COMPLETED APPLICATIONS WILL REMAIN ON FILE FOR CONSIDERATION FOR ONE YEAR AT WHICH TIME IT MUST BE UPDATED.

OFFICE OF THE CITY CLERK, City Hall Suite 200 900 East Broad Street, Richmond, Virginia U.S.A. 23219
Telephone: (804) 646-7955 Fax: (804) 646-7736