



CITY OF LAWRENCE

Lawrence, Massachusetts

BOARDS AND COMMISSIONS APPLICATION

ADMINISTRATIVE						
NAME (Last, First, Middle Initial)			HOME PHONE		CELL PHONE	
RESIDENCE ADDRESS			CITY		STATE	ZIP CODE
LENGTH OF RESIDENCE AT ABOVE ADDRESS	IN LAWRENCE	IN COUNTY	REGISTERED VOTER: YES <input type="checkbox"/> NO <input type="checkbox"/>			
MILITARY SERVICE AND DATE (S):						
HAVE YOU EVER BEEN CONVICTED OF A FELONY? (Provide date(s) and specifics)						
EMPLOYMENT						
PRESENT EMPLOYER (or last)			POSITION			NO. OF YEARS
ADDRESS		CITY	STATE	ZIP CODE	BUSINESS PHONE	
EDUCATION AND TRAINING SUMMARY						
COLLEGE/SPECIAL TRAINING	CITY	STATE	UNITS COMPLETED		MAJOR	TYPE OF DEGREE
			SEM.	QTR.		
HIGH SCHOOL		GRADE COMPLETED	Do you Have a High School Diploma or High School Equivalency Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>			
EXPERIENCE						
INDICATE YOUR MOST IMPORTANT EXPERIENCES AND ABILITIES WHICH QUALIFY YOU FOR THE APPOINTMENT:						
INDICATE ANY VOLUNTEER WORK THAT YOU HAVE WORK IN THE CITY OF LAWRENCE:						
IF YOU HAVE HAD PUBLIC SERVICE EXPERIENCE ON A COMISSION OR PUBLIC BODY, INDICATE PUBLIC AGENCY AND EXPLAIN DUTIES:						
PLEASE INDICATE BOARD, COMMITTEE OR COMMISSION PREFERENCE (Please complete one application for each board, committee or commission membership.)						
ARE YOU PRESENTLY SERVING ON A CITY BOARD, COMMITTEE, OR COMMISSION? IF SO, WHICH ONE (S)? (Please provide expiration term date)						
ARE YOU NOW OR HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF LAWRENCE? YES <input type="checkbox"/> NO <input type="checkbox"/> (Please provide department and dates of service)						

ADDITIONAL INFORMATION

WHY DO YOU WANT TO BE A MEMBER OF THIS PARTICULAR BOARD, COMMITTEE OR COMMISSION?

BRIEFLY, WHAT DO YOU BELIEVE ARE THE THREE MOST IMPORTANT ISSUES FACING THE CITY OF LAWRENCE COMMUNITY AT THIS TIME, AND HOW DO YOU BELIEVE THIS BOARD, COMMITTEE OR COMMISSION CAN PLAY A ROLE IN ADDRESSING EACH ISSUE?

LIST ANY ABILITIES, SKILLS, LICENSES, CERTIFICATES, SPECIALIZED TRAINING, OR INTEREST YOU HAVE WHICH ARE APPLICABLE TO THIS BOARD, COMMITTEE, OR COMMISSION.

PLEASE SPECIFY ANY ACTIVITIES IN, WHICH YOU ARE PRESENTLY ENGAGED, OR IN, WHICH YOU PLAN TO BE, ENGAGED WHICH MIGHT CREATE A SERIOUS CONFLICT OF INTEREST IF YOU SHOULD BE APPOINTED TO THIS BOARD, COMMITTEE, OR COMMISSION.

LIST ANY CIVIC ACTIVITIES, CLUBS, ASSOCIATIONS, ETC.:

STATEMENT/SIGNATURE

I certify that answers given are true and accurate to the best of my knowledge. I authorize investigation of all statements contained in this application for membership into city boards, committees, and/or commissions as may be necessary for arriving at a membership decision. In the event of membership, I understand that false or misleading information given in my application or interview(s) may result in discharge in accordance with city charter or municipal code. I understand also that I am required by all rules and regulations of the City of Lawrence.

I authorize investigation by the City of all statements contained in this application and hereby release individuals and corporations who are parties thereto from any and all liability and damage resulting from arising out of such investigation. I understand that any omission of essential facts in this application is cause for cancellation of the application to, for immediate separation from membership.

I understand that I am strongly encouraged to attend regularly scheduled meetings of the board, committee, or commission for which I am appointed and that frequent non-attendance may result in termination of the my appointment. I understand, that except for the Airport Commission, I must be a resident in the City of Lawrence for appointment to Boards, Committees, and/or Commissions. I confirm that I am in compliance with all ordinance, laws and rule of the City of Lawrence.

I understand that all data supplied on this application is a matter of public record and will be disclosed upon request.

SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY

Do not write below this line. This space is reserved for City of Lawrence administrative use only.

Date application initially received:	
Name of incumbent/previous member:	
Renewal or New Appointment:	
Date interview by the Mayor and/or designee:	
Date sent to City Council for confirmation:	
Date received City Council:	
Date interviewed by Personnel Committee:	
Date of appointment:	
Date of expiration of term:	

The City of Lawrence is an equal opportunity employer. We are committed to a policy of non-discrimination in our programs, activities and employment practices. Public service opportunities are considered for all without regards to race, color, national origin, religion, sex, sexual orientation, age, marital or veteran status, disability(ies), or any legally protected status.