Date		
Date		

PUBLIC SERVICE APPLICATION Columbia, Missouri

ranic.			
	First	Middle	Last
Address:			
	Number	Street	Zip Code
Phone (Ho	me):	Phone	(Cell):
E-Mail Ac	ddress:		
Do you live	e within the city li	mits of Columbia? YesN	Io If Yes, give Ward:
	-		
Are you a	registered voter? Y	'es No	
1. Board o	or Commission app	olying for:	
If applica	ble, category appl	ying for (i.e. layperson, artist,	nurse, etc.):
2. Current	Employer:		Phone (Office):
Position/	Γitle:	Product/service re	ndered by employer:
olease ind college, etc.	licate previous pla you currently a	ace of employment, if any, an	, please indicate. Also, if you are retired or unemployed ad if you are a student, please indicate the high school wested to ensure there is not a conflict of interest and/on]
3. Current	t community servi	ce, to include other Boards or	Commissions on which you currently serve:
4. Past con	mmunity service:		

5. Why do you wish to serve on this Board or Commission?

6. What experience or qualifications do you have relating to the function of this Board or Commission?
7. Provide a brief statement on your philosophy/thoughts on diversity, equity and inclusion and how each
plays a role with the respective board you are applying for.
8. Do you have any monetary interest, direct or indirect, in any pending or incomplete transaction or contract to which the City is, or is to be, a party? Yes No
9. Does any family member have any monetary interest, direct or indirect, in any pending or incomplete transaction or contract to which the City is, or is to be, a party? Yes No
If you answered yes to questions 8 and/or 9, please explain:
10. Other information or comments:
11. Have you read the duties and responsibilities of the Board or Commission for which you are applying? Yes No
12. References (List 2): NAME ADDRESS PHONE NUMBER

13. How did you hear about this vacancy?	Newspaper Ad
	City of Columbia Website
Newslette	r that comes with City Utility Bill
Other	
OPTIONAL	SELF-IDENTIFICATION
Gender/Veteran	Status/Race/Ethnicity/Disability
·	sall of the dignity rights and seeks to have diverse representation
•	prove efforts with diversity on City boards and commissions, we
ask that you complete these optional self-identifica	•
Which of the following best describes you? Chec	ck all that apply
<u>Female</u>	
<u>Male</u>	
Non-binary	
Transgender	
An identity not listed: please specify	
I do not wish to disclose.	
Sexual Orientation: Check all that apply	
Asexual	
Bisexual	
Gay	
Straight (heterosexual)	
Lesbian	
Pansexual	
Queer	
Questioning or unsure	
Same-gender loving	
An identity not listed: please specify	
I do not wish to disclose.	

Age:
Less than 25 years old
26-30 years old
31-35 years old
36-40 years old
41-45 years old
46-50 years old
51-55 years old
56-60 years old
61-65 years old
More than 65 years old
I do not wish to disclose
Veterans Status:
Yes Yes
No No
I do not wish to disclose.
Race/Ethnicity: (Please check one of the descriptions below corresponding to the group with which you identify.)
Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish
culture or origin regardless of race.
White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
Asian (Not Hispanic or Latino): A person 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.
Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.
I do not wish to disclose

Disability:

Under the Americans with Disabilities Act (ADA), a "disability" is a physical or mental impairment that substantially limits one or more major life activities of the individual. Completion of this question is completely voluntary and will not affect your ability to sit on a board or commission.

Yes, I have an ADA disability

No, I do not have an ADA disability

I do not wish to disclose

RETURN APPLICATION TO

City of Columbia City Clerk's Office P.O. Box 6015 Columbia, MO 65205-6015

Signature of Applicant

By submitting this form, you affirm that the information contained in this application is true and accurate to the best of your knowledge and that you are the person named in the applicant section of this form. In addition, you acknowledge that upon receipt by the City, this form is a public record and its contents will be provided to anyone requesting a copy and that your name, street number/address, and ward will be made available to the public via the council meeting agenda, which is posted on the internet.

NOTE: You may attach your resume or other information.