

ST. BERNARD PARISH GOVERNMENT

APPLICATION FOR BOARDS AND COMMISSIONS

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

(Please Note: All information must be supplied in order for application to be considered by Appointments Review Board)

Date: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Referred by: _____

Name and relationship of any relatives on Boards/Commission or in our employ:

Appointment Requested

Board or Commission Requested: _____

Date you will be available: _____ Are you currently serving on any board/commission: (Y or N)

Are you currently employed by St. Bernard Parish Government: (Y or N)

What position: _____ Are you an elected or appointed official: (Y or N)

Are you a registered voter in St. Bernard Parish: (Y or N)

Have you been convicted of a felony within the last seven (7) years: (Y or N)

Education

	School	# of years	Graduated	Subjects Studied
High School				
College				
Trade / Business				

Employment

(List the last two employers, starting with the last/present one first.)

Date	Name/Address (of employer)	Position	Still employed
From ____ To ____			
From ____ To ____			

References

(Give the names of three persons, not related to you, whom you know for at least one year.)

Name	Phone Number	Business	Years Acquainted

I would like to serve on this board because:

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for appointment as may be necessary in arriving at an appointment decision. This application for appointment shall be considered active for a period of time not to exceed one (1) year. Any applicant wishing to be considered for appointment beyond this time should inquire as to whether or not applications are being accepted at that time.

By submitting this form, I understand that I am submitting to a background check by St. Bernard Parish Government.

 Signature of Applicant

 Date

ST. BERNARD PARISH GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

SUBMIT