

NEWPORT NEWS BOARD BANK

City Clerk's Office
2400 Washington Avenue
Newport News, Virginia 23607
Telephone: (757) 926-8634 - Fax: (757) 926-8599

PERSONAL STATEMENT OR RESUME MAY BE ATTACHED.

Completing this form is one way to indicate your interest in being considered for appointment to some of the Boards, Commissions and Committees appointed by the City Council. All appointments remain at the discretion of the City Council.

Name: _____

Address: _____

Telephone(s): Home: _____ Business: _____

Occupation: _____ Name of Employer: _____

How long have you lived in this city? _____

Age Group:	Under 18	18-34	35-60	Over 60
Education:	Elementary	High School	College	Graduate

Degrees/Majors: _____

Certification or Other Vocational Training: _____

Other Skills: _____

Volunteer Experience and other Community Involvement (give dates): _____

If additional space is required, please attach a separate sheet of paper

If you are appointed, could you meet: Morning _____ Afternoon _____ Evening _____

CHECK ALL areas in which you have experience and **ONLY 3** areas in which you are interested:

Exp	Int	Exp	Int	Exp	Int			
<input type="checkbox"/>	<input type="checkbox"/>	Aging	<input type="checkbox"/>	<input type="checkbox"/>	Education Training	<input type="checkbox"/>	<input type="checkbox"/>	Budgeting
<input type="checkbox"/>	<input type="checkbox"/>	Public Relations	<input type="checkbox"/>	<input type="checkbox"/>	Environment	<input type="checkbox"/>	<input type="checkbox"/>	Recreation
<input type="checkbox"/>	<input type="checkbox"/>	Communications Media	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	Fund Raising
<input type="checkbox"/>	<input type="checkbox"/>	Counseling	<input type="checkbox"/>	<input type="checkbox"/>	Urban Concerns	<input type="checkbox"/>	<input type="checkbox"/>	Health
<input type="checkbox"/>	<input type="checkbox"/>	Cultural Activities	<input type="checkbox"/>	<input type="checkbox"/>	Volunteer Services	<input type="checkbox"/>	<input type="checkbox"/>	Law
<input type="checkbox"/>	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Youth
<input type="checkbox"/>	<input type="checkbox"/>	Economic Development	<input type="checkbox"/>	<input type="checkbox"/>	Planning Management			
<input type="checkbox"/>	<input type="checkbox"/>	Other:						
		(Describe in your own words) _____						

What do you feel you can contribute to the community that may not be evident from information already on this form?

This application is a public document and will be on file for 2 years.

Please continue to Page 2 of this application.

Please choose **three** (in order of preference; i.e. 1st, 2nd and 3rd choice) of the City Boards, Commissions, Committees for which you would like to be considered for appointment. Enter the numbers of your three selections below:

- | | |
|--|--|
| 1. Animal Review Committee* | 23. Newport News Occasions |
| 2. Architect-Engineer Selection Committee (Engineering/Waterworks)* | 24. Newport News Planning Commission |
| 3. Board of Appeals* | 25. Newport News Public Library - Board of Trustees |
| 4. Board of Trustees - Pensions & Retirement* | 26. Newport News Redevelopment & Housing Authority* |
| 5. Cable Television Advisory Commission | 27. Newport News Wetlands Board |
| 6. Commemoration Advisory Commission | 28. Newsome House Museum & Cultural Center Foundation, Inc. Board of Directors |
| 7. Commission on Youth | 29. North End/Huntington Heights Architectural Review Board* |
| 8. Committee on Investments - (Retirement Fund) | 30. Peninsula Agency on Aging |
| 9. Downing-Gross Cultural Arts Center Board | 31. Peninsula Airport Commission |
| 10. Eastern Virginia Health Care Systems Agency | 32. Peninsula Disability Services Board* |
| 11. Eastern Virginia Medical School Board of Visitors | 33. Peninsula Institute for Community Health |
| 12. Hampton Newport News Community Criminal Justice Board | 34. Reservoir Protection Appeals Committee* |
| 13. Hampton-Newport News Community Services Board | 35. Sports Authority of Hampton Roads |
| 14. Hilton Village Architectural Review Board* | 36. Taxi Advisory Board |
| 15. Human Services Advisory Board | 37. Thomas Nelson Community College Board of Directors |
| 16. Industrial Development Authority | 38. Towing Advisory Board* |
| 17. insight Enterprises, inc./Peninsula Center for Independent Living Board of Directors | 39. Transportation Safety Commission* |
| 18. Law Library Advisory Committee* | 40. USS Newport News Liaison Committee* |
| 19. Newport News Arts Commission | |
| 20. Newport News Civil War Sesquicentennial Commission | 41. _____ |
| 21. Newport News Human Rights Commission | 42. _____ |
| 22. Newport News Mayor's Committee on Disabilities* | |

** Has one or more member-specific requirements*

List your three choices in order of preference: 1st choice:# ____ 2nd choice:# ____ 3rd choice:# ____

On what boards/commissions/committees have you served (or are you serving)?

Name/Date _____ Name/Date _____

Are you a citizen of the United States?	Yes	No
Are you a resident of Newport News?	Yes	No

Please list three individuals in the City who may be contacted when considering you for an appointment.

Name	Address	Telephone Number (Home) (Work)
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: Any Local, State or Federal Law Enforcement Agency
Any past or present employer

Any Academic Dean, Registrar, Principal, Guidance Counselor or other authorized person at any: School, College, University;

U. S. Armed Forces, Maritime service

I, _____
PRINT FULL NAME

ADDRESS CITY STATE ZIP

have applied for a position on the _____ with the City of Newport News, Virginia. I am aware that my entire background may be investigated thoroughly. I hereby authorize and request the release of any and all information you have concerning me (including criminal records and verification of academic credentials) to any representative of the City of Newport News, Virginia, upon presentation of this release or copy hereof and release all concerned from all liability in connection therewith.

I authorize any former employer(s), law enforcement agency, educational institution or any person or organization to provide information about me and release all concerned from all liability in connection therewith.

Date of Birth _____ Social Security Number _____

Sex _____ Maiden Name _____

List any other names or aliases previously used _____

Place of Birth: (County or City) _____ (State or Country) _____

Have you ever been convicted of a crime, including DWI/DUI and reckless driving, but excluding minor traffic infractions?

Yes, give charge, date, place and disposition No

I certify that the information given in response to the foregoing questions is true and correct and that I have not knowingly withheld or misrepresented any material fact herein or in my resume.

Any false information given herein shall result in the immediate rejection of this application. I understand that the City will thoroughly investigate any information given to them during the application and selection process.

Signature of Person to be Investigated Date

City/County of _____ State of _____

Subscribed and sworn to before me this _____ day of _____ 20__

My commission expires _____, 20__ _____

NOTARY PUBLIC