



# 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):						
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 PERFORMED IN THE CITY OF LAWRENCE:						
IF YOU HAVE HAD PUBLIC SERVICE EXPERIENCE ON A COMMISSION 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 INTERESTS 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 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 the investigation of all statements contained in this application for appointment to city boards, committees, and/or commissions as may be necessary for arriving at a appointment decision. In the event of appointment, 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 to uphold 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 or arising out of such investigation. I understand that any omission of essential facts in this application is cause for cancellation of the application or, 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 rules 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. I affix my signature as to assure that all my taxes are up-to-date and/or paid in accordance with ordinance.

\_\_\_\_\_  
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.*