



FERGUSON CITY COUNCIL SPECIAL APPOINTMENT APPLICATION

Applicant Name: _____

Home Address: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____

Occupation & Title (if any):

Employer (if any): _____

Business Address: _____ Zip _____

Business Phone: _____

1. Educational Background (if any):

2. Please Complete the Following (if applicable):

I have been an owner of a Ferguson Business for _____ years.

Name of Business: _____

I have been a teacher in a Ferguson School for _____ years.

Name of School: _____

I have been a minister in a Ferguson religious congregation for _____ years.

Name of Congregation: _____

Please List Any Civic Involvement (describe your response in # 7) _____

3. Do you have any experience serving in civilian oversight of police, serving on a police advisory board, etc.? Yes No

Please Describe: _____

4. Have you held a government office or position before?

If so, name such offices or positions and the governmental entity:

5. Please describe why you want to be a member of the Ferguson Civilian Review Board

6. Special experience you possess which would be of benefit to you in government office:

7. Experience in public, civic, and charitable offices and/or activities that you believe would help you to contribute to the board.

8. Experience in groups and organizations that you believe would help you to contribute to the board.

9. Other interest aside from profession that are related to the board on which you would like to serve:

10. Please describe your employment, education and life experiences that you feel are important in assessing your ability to serve:

11. Reasons for wanting to serve on a City Board or Commission:



**AUTHORIZATION FOR
RECORDS CHECK
BY THE CITY OF FERGUSON**

I, _____, hereby authorize the City of Ferguson, Missouri, to obtain a record check and review of any and all law enforcement records only as to felony arrests, convictions and investigations that may pertain to me. I understand that said records may be used in assisting the City of Ferguson in its determination of whether or not appointment to commission by the City Will be offered to me.

Applicant's Full Name Printed

The facts set forth in this application are true and complete, to best of my knowledge. I understand that false statements may be considered sufficient cause for removal.

Applicant's Signature

Date

Submit your application no later than _____

Via Email to fergcrbtaskforce@gmail.com

Or mailed to:

CRB Task Force
City of Ferguson
110 Church Street
Ferguson, MO 63135