



CIVILIAN REVIEW BOARD APPOINTMENT APPLICATION

Applicant Name: _____

Home Address: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____

Occupation & Title (if any):

Employer: _____

Business Address: _____ Zip _____

Business Phone: _____

1. Educational Background:

2. Please Check All statutes that apply:

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: _____

Please List Any Civic Involvement: _____

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

Name of Congregation: _____

3. Do you have any experience serving in civilian oversight of police, serving on a police advisory board, etc.?

Yes Please Describe: _____

No

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:

Please Note: Specific Training Is Required And Will Be Coordinated Upon Appointment.

(Initials) I hereby declare that I am not currently aware of any delinquency in the filling or payment of any state income taxes, personal property taxes, municipal taxes, real property taxes on the place of residence, or that I am a past or present corporate officer of any fee office that owes any taxes to the state, other than those taxes which may be in dispute.

Signature

Date Submitted

RETURN TO:
OCTAVIA PITTMAN, CITY CLERK
110 Church Street
Ferguson, MO 63135
Phone: 314-524-5152
Email: opittman@fergusoncity.com

*Additional pages or a resume may be attached if necessary.



**AUTHORIZATION FOR
BACKGROUND AND 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 as to arrest, convictions and investigations that may pertain to me. I acknowledge 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. I understand that false statements may be considered sufficient cause for removal.

Applicant's Signature

Date

Via Email to opittman@fergusoncity.com

Or mailed to:

City Clerk's Office
City of Ferguson
110 Church Street
Ferguson, MO 63135