



**CITY OF CARLISLE  
APPLICATION  
BOARDS AND COMMISSIONS**

I am interested in serving on the following Board, Commission or Committee:

\_\_\_\_\_

Name: \_\_\_\_\_

(First)

(Middle/Maiden)

(Last)

Home Address: \_\_\_\_\_

(Street/Number)

(City)

(Zip)

(Telephone)

Length of time at present address? \_\_\_\_\_. Are you a registered voter in Carlisle? Yes \_\_\_ No \_\_\_

Business Address: \_\_\_\_\_

(Street/Number)

(City)

(State)

(Zip)

(Telephone)

Place of Birth: \_\_\_\_\_ Date: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Educational Background:

\_\_\_\_\_

Civic Activities (offices held, honors, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present Employer: \_\_\_\_\_

(Name)

(Street)

(City/State)

(Zip)

Job Title : \_\_\_\_\_ Type of Organization: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

Except for minor traffic violations, have you ever been convicted of any violation of law?

Yes \_\_\_ No \_\_\_ If yes, Please explain:

\_\_\_\_\_

\_\_\_\_\_

Do you have a valid Iowa driver's license? Yes \_\_\_\_ No \_\_\_\_ If no, please explain:

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Are your accounts current with the City (Taxes, Utilities, etc.)? Yes \_\_\_ No \_\_\_ If no, please explain:

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References (Persons who are not relatives). List name, address, and phone number(s).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Additional Information (Time available, interests, unique qualifications, etc.)

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I hereby certify that the information provided on this application is correct to the best of my knowledge and belief.

I also hereby authorize the persons listed by me as references to release any information or opinion relevant to my character or suitability for the position I am seeking.

I also hereby authorize any law enforcement agency, the State Department of Motor Vehicles, or any officer or employee of their employees and /or any other person or official to provide any information relating to my record with respect to felony or misdemeanor convictions, if any, and/or taxes assessed against me or my property which are delinquent, if any, to the City Clerk, the Council of the City of the City of Carlisle, Iowa, and/or to any other person designated by the Council to receive such information.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Subscribed and sworn to before me, a notary public, in and for the City of Carlisle, this \_\_\_\_\_ day of \_\_\_\_\_, 2004.

\_\_\_\_\_ Notary Public

My commission expires: \_\_\_\_\_.