

Application Form

Profile

Prefix	Arlander	Riddick	Suffix	
First Name	Last Name			
Street Address			Suite or Apt	
City			State	Postal Code
Email Address				

fort Knox EMS	Paramedic
Employer	Occupation

District 1

What district do you live in?

Primary Phone	Alternate Phone
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Interests *

Public Safety

Volunteer Activities

American Red Cross Iota Phi Theta masons Shrine

Which Boards would you like to apply for?

Suburban Fire Protection District Board of Trustees: Lake Dreamland

Past Service on City and County boards and Commissions?

Yes No

If Yes, Please List

Please answer the following questions. If you answer yes, please include relevant details (i.e. position, company, address, dates, etc.) in the Additional Notes section below.

Are you employed by Louisville Metro Government?

Yes No

Do you or a member of your immediate family have ownership interest in any company that does business with Louisville Metro Government?

Yes No

Do you or a member of your immediate family have ownership interest in any property that is the subject of a condemnation proceeding, planning and zoning proceeding or any other administrative or court proceeding in which Louisville Metro Government or its agencies are interested parties?

Yes No

Do you have any contract or matter pending before any Louisville Metro Government agency?

Yes No

Have you ever been sued by the former City of Louisville, Jefferson County or Louisville Metro Government?

Yes No

Additional Notes

Question applies to Planning Commission.

Do you have any direct financial interest in the land development and construction industry?

Question applies to Planning Commission.

Do you or a member of your immediate family have ownership interest in any property that is the subject of a condemnation proceeding, planning and zoning proceeding or any other administrative or court proceeding in which Louisville Metro Government or its agencies are interested parties?

Background Check

We require a criminal background check for all appointed members.



Please enter the last four digits of your social security number. This is protected and will not be shared.

I authorize Louisville Metro Government and the Administrative Office of the Courts to search public records for any relevant information regarding me.

Yes No

Please enter Maiden/Previous Names, if applicable.

Demographics

Some boards and commissions require membership to be racially, politically or geographically proportionate to the general public. Please complete the information requested below.

African American

Ethnicity

Democrat

Political Party

Male

Gender



Date of Birth

If you need assistance, please contact Julie Radican via phone 502-574-2003 or via email at Julie.radican@louisvilleky.gov
