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## Profile

Dr.      Sherryl      Anderson      \_\_\_\_\_  
Prefix      First Name      Last Name      Suffix

\_\_\_\_\_

Street Address

\_\_\_\_\_

Suite or Apt

\_\_\_\_\_

City

State

\_\_\_\_\_

Postal Code

\_\_\_\_\_

Email Address

Jefferson County Public Schools      Elementary School Counselor  
Employer      Occupation

### What district do you live in? \*

District 10

\_\_\_\_\_

Primary Phone

\_\_\_\_\_

Alternate Phone

### Interests \*

Human Resources

Public Safety

### Volunteer Activities

Multiple volunteer activities through school and sorority activities.

### Which Boards would you like to apply for?

Merit Board: Submitted

### Past Service on City and County boards and Commissions?

Yes  No

**If Yes, Please List**

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**Are you employed by Louisville Metro Government?**

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Yes  No

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

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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?**

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Yes  No

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

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Yes  No

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

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Yes  No

**Additional Notes**


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[Sherryls\\_Resume.docx](#)

Upload a Resume

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**Background Check**

  
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.**

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Yes  No

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Please enter Maiden/Previous Names, if applicable.

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## Demographics

### Ethnicity \*

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African American

### Political Party \*


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Democrat

### Gender \*

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Female

  
Date of Birth

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