

# Application Form

Status: submitted

## Profile

Rev.dr.

Geoffrey

Ellis

S

Prefix

First Name

Last Name

Suffix

[Redacted]

Street Address

[Redacted]

Suite or Apt

[Redacted]

City

[Redacted]

State

[Redacted]

Postal Code

[Redacted]

Email Address

Asbury Chapel A.M.E Church

Employer

Pastor

Occupation

District 5

What district do you live in?

[Redacted]

Primary Phone

[Redacted]

Alternate Phone

## Interests \*

Transportation

## Volunteer Activities

President of the Board West Louisville Community Past President and member of the Interdenominational Ministerial Coalition Past member Criminal Justice Commission

## Which Boards would you like to apply for?

Housing Authority Board\, TARC Board of Directors

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

Yes  No

**If Yes, Please List**

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Criminal Justice Commission

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?**

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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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As a life long resident I have a deep appreciation for the mission of TARC in it's service to the Metro community

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## 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

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Please enter Maiden/Previous Names, if applicable.

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## 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](mailto:Julie.radican@louisvilleky.gov)

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