

Application Form

Status: submitted

Profile

Prefix First Name Last Name Suffix

Street Address Suite or Apt

City State Postal Code

Email Address

Employer Occupation

What district do you live in?

Primary Phone Alternate Phone

Interests *

Public Safety

Volunteer Activities

Governor Appointed to the Kentucky Board of Emergency Medical Services Kentucky Board of Emergency Medical Services Executive Board Member Kentucky Safety & Health Network President / CEO

Which Boards would you like to apply for?

Louisville Arena Authority, Inc., Louisville Convention and Visitors Bureau, Police Merit Board

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.

Caucasian (non-Hispanic)

Ethnicity

Republican

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
