

# Application Form

## Profile

Mr. Bert Guinn  
 Prefix First Name Last Name Suffix

[Redacted] [Redacted]

Street Address Suite or Apt

[Redacted] [Redacted]

City State Postal Code

[Redacted]

Email Address

Greater Louisville Medical Society Executive Vice President/CEO  
 Employer Occupation

### District 0

What district do you live in?

[Redacted] [Redacted]

Primary Phone Alternate Phone

### Interests \*

- Business Development
- Codes/Regulations
- Economic Development
- Historical Preservation
- Housing
- Human Resources
- Information Technology
- Land Development
- Neighborhoods
- Public Health
- Public Safety
- Public Utilities
- Recreation
- Telecommunications
- Transportation
- Zoning

### Volunteer Activities

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

---

Domestic Violence Prevention Coordinating Council (DVPCC)

**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

Upload a Resume

## 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

Independent

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)

---