Application Form

Volunteer Activities

Submit Date: Aug 21, 2015 Status: submitted

Profile

	Carrye		Jones		
Prefix	First Name		Last Name	Suffix	
Street Address				Suite or Apt	
-				manufacture of the second seco	
City				State	Postal Code
Email Address					
Lincoln Fo	nundation				
Employer	Junuation	Occupation			
District 7 What district d	you live in?				
a male		A Company of the Company			
Primary Phone		Alternate Phone			
Interests	*				
	ess Development				
	s/Regulations mic Development				
	cal Preservation				
Housi					
	n Resources ation Technology				
	Development				
☐ Neigh	oorhoods				
	Health				
	Safety Utilities				
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Which Boards would you like to apply for?
Landmarks Commission
Past Service on City and County boards and Commissions?
If Yes, Please List
Urban Services District Board
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?
does business with Louisville Metro Government?
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
o 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?

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.
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 Tabulatura
Ethnicity
Democrat Political Party
Female
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