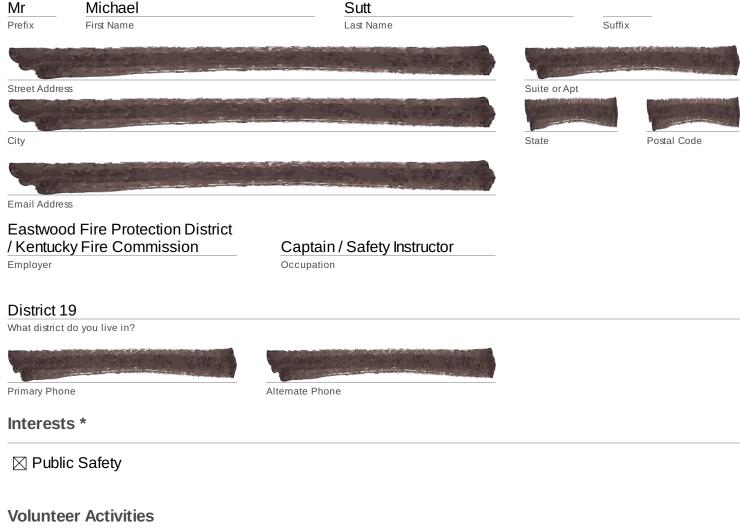
## **Application Form**

### Submit Date: Mar 19, 2015 Status: submitted

### **Profile**

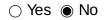


Governor Appointed to the Kentucky Board of Emergency Medical Services Kentucky Board of Emergency Medical Services Executive Board Member Kentucky Safety & Health Network President / CEO

### 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?



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?				
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?				
Do you have any contract or matter pending before any Louisville Metro Government agency?				
Have you ever been sued by the former City of Louisville, Jefferson County or Louisville Metro Government?				
Yes  No				
Additional Notes				

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Upload a Resume

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.

lacktriangle Yes  $\bigcirc$  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