Profile

| Mrs. | Paula | McCraney | | |
|--------------------|----------------------------|-------------------------------------|------------------|-------------|
| Prefix First Name | | Last Name | Last Name Suffix | |
| Constant. | | a start the start and | Carlin Ball Star | |
| Street Addres | | | Suite or Apt | |
| | 5 | | State | |
| | | | | |
| City | | | | Postal Code |
| | | a car the series that is the series | | |
| Email Addres | S | | | |
| | | | | |
| St. Stephen Church | | Minister of Generosity | | |
| Employer | | Occupation | | |
| What di | strict do you live in? * | | | |
| Distri | ict 7 | | | |
| | | | | |
| Constant States | | | | |
| Primary Phon | e | Alternate Phone | | |
| Interest | S * | | | |
| Hum | an Resources | | | |
| Volupto | er Activities | | | |
| volunte | er Activities | | | |
| | | | | |
| | | | | |
| Which I | Boards would you like to | o apply for? | | |
| Citizens | Commission on Police Acc | ountability (CCPA): Submitted | | |
| Past Se | rvice on City and Count | y boards and Commissions? | | |
| | | , | | |
| Yes | O No | | | |
| If Voc. | Diazza List | | | |
| | Please List | | | |
| Kentucki | iana Works (formerly Worki | orce Investment Board) | | |
| | | | | |

⊙ 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

RESUME_-_Paula_McCraney.pdf
Upload a Resume

Background Check



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

Stafford

Please enter Maiden/Previous Names, if applicable.

Demographics

Ethnicity *

African American

Political Party *

Democrat

Gender *

Female

Date of Birth