Profile

Doctor	Sharon	Kerrick		
Prefix	First Name	Last Name	:	Suffix
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Street Address			Suite or Apt State	
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City				Postal Code
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Email Address				
Business	y of Louisville College of	professor		
Employer		Occupation		
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Primary Phone		Alternate Phone		
Interest	e *			
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Volunte	er Activities			
Board me	ember: Better Business Bu	reau & National Assoc. of Women B	usiness Owner	s Foundation,
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Which Boards would you like to apply for?				
Waterwo	rks: Submitted			
Past Service on City and County boards and Commissions?				
⊙ Yes ⊖ No				
ir res, P	Please List			
Metro Housing Authority of Louisville, Waterworks Board				

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



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

Ethnicity *

Caucasian/Non-Hispanic

Political Party *

Republican

Gender *

Female

Date of Birth