

CITY OF DOVER, DELAWARE



APPLICATION FOR COMMITTEE, COMMISSION, OR BOARD APPOINTMENT

Section 1 - Basic Information		
Full Name (Prefix/Title, Last, First, MI, Suffix/Designation)		
Address (No., Street, City, State, Zip)		
<p>City of Dover residency is required for appointment to the Board of Adjustment, Compensation Commission; Dover Housing Authority; Election Board; Historic District Commission; Human Relations Commission; Legislative, Finance, and Administration Committee; Parks, Recreation and Community Enhancement Committee; Planning Commission; Property Maintenance Code Board of Appeals; Safety Advisory and Transportation Committee; St. Jones Greenway Commission; and Utility Committee.</p>		
Phone (home)	Phone (cell)	E-Mail
1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/>	I am <input type="checkbox"/> / I am not <input type="checkbox"/> registered to vote	
Council District	Voter registration is required for appointment to the Election Board.	
<p>Please list any elected or appointed office that you currently hold under the government of the United States or the State, County, or City.</p> <p>No member of the Ethics Commission or Human Relations Commission shall hold any elected or appointed office under the government of the United States or the State, County, or City. No member of the Board of Adjustment, at the time of appointment and throughout the term of office, shall be candidates nor members of the legislative body nor employees of the City.</p>		

Section 2 - Employment Experience - Please provide your professional work history (most recent first)		
Employer/Company	Position/Title	Start and End Dates
<p>Please provide a brief description of the duties and responsibilities below.</p>		
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Section 3 - Professional Licenses and Certificates		
License/Certificate	Date Issued/Date Expires	Status (active, inactive, pending)

Section 4 - Education - Please provide your complete educational backgrounds. Dates do not have to be exact.			
	School Name/State	Certificate, Diploma, or Degree	Dates Attended
High School			
College			
Other			

Section 5 - Organizations/Society Memberships, Previous Experience Serving on Committees, Community/Volunteer Experience - Please list all organizations and societies of which you have been, or are currently, affiliated.			
Organization Name	Previous	Current	

Section 6 - Questionnaire
Please provide the name of the Committee, Commission, or Board on which you are interested in serving.
Provide any special knowledge, education, experience, qualities or talent that qualify you to serve on the committee, commission or board listed above.

Please explain why you wish to serve on this committee, commission, or board.	
Please describe what skills you have that would enhance the productivity of the committee, commission, or board.	
Do you, your spouse, or any immediate family members have any potential conflicts of interest (personal or financial) that could require you to recuse yourself from votes of the committee, commission, or board for which you are applying? If yes, please explain.	
No <input type="checkbox"/> Yes <input type="checkbox"/>	
Do you, your spouse, or any immediate family members own real property, personal property, financial holdings or receive income from any source which might present, or appear to present, a conflict of interest with your requested appointment? If yes, please explain.	
No <input type="checkbox"/> Yes <input type="checkbox"/>	
Have you, your spouse, or any immediate family members ever been affiliated (as an officer, owner, director, trustee, partner, advisor, or consultant) with any institutions (corporations, firms, partnerships, business enterprises, non-profit organization, etc.) which might present, or appear to present, a potential conflict of interest with your requested appointment? If yes, please explain.	
No <input type="checkbox"/> Yes <input type="checkbox"/>	

Do you have a personal or business relationship with any members of City Council, members of any City committees, commissions, or boards, or employees of the City of Dover? If yes, please list them.	
No <input type="checkbox"/> Yes <input type="checkbox"/>	
Have you ever been registered or served as a lobbyist (paid or unpaid) with the State of Delaware or any government organization? If yes, please list the organizations you represented.	
No <input type="checkbox"/> Yes <input type="checkbox"/>	
Have you been convicted of a misdemeanor or felony as an adult? If yes, please explain.	
No <input type="checkbox"/> Yes <input type="checkbox"/>	
Are you currently under any federal, state, or local investigation for violation of a criminal law? If yes, please explain.	
No <input type="checkbox"/> Yes <input type="checkbox"/>	
Please list three references that are not related to you and would be able to speak to your ability to serve on this committee, commission, or board.	
I acknowledge that I am in good financial standing with the City of Dover, which includes being current on all taxes, utilities, and other obligations owed to the City. No <input type="checkbox"/> Yes <input type="checkbox"/>	
I acknowledge that applications are public documents and are subject to disclosure under the Freedom of Information Act of the State of Delaware if requested. No <input type="checkbox"/> Yes <input type="checkbox"/>	
I certify that the information submitted in this application is true to the best of my knowledge and recognize that if any of the information included in this application is false, my application may be disqualified from consideration. If any information in this application changes during the consideration process or during my term if appointed, I agree to submit the updated information to the City Clerk's Office to be appended to my application as soon as possible. No <input type="checkbox"/> Yes <input type="checkbox"/>	
Signature	Date

The following questions are optional. They will enable the appointing authority to consider the appointment of a diverse group of individuals.
Are you a person with a disability? No <input type="checkbox"/> Yes <input type="checkbox"/> Do you have a relative with a disability? No <input type="checkbox"/> Yes <input type="checkbox"/>
Please describe your gender
Please describe your ethnicity