Boards and Commissions Application for Appointment



Select one of the options below

- o Planning & Zoning
 o Old Town Historic District
 o Board of Adjustment
- o Parks
- o Other____

Applicant Infor	mation			
Name:		_ I am a resident of Ward: 1 or 2		
Home	Address:			
Home	Phone:	Cell Phone:		
E-Mail		_Date of Birth :/		
Current	t Employer:	_Current Occupation:		
Education and	General Qualifications			
•	Educational background:			
•	Licenses held, if any:			
•	Special skills, qualifications, or experience related to the sought position:			
•	Community/Organization or Affiliations to which you belong:			
•	List special areas of interest not reflected in job or education background:			
•	List real estate holdings in Cottleville by self & immediate family; including being purchased:			
•	Why do you wish to serve on this Board or Commis	ssion:		

Additional Requested Information (mark an X next to your answer)

Are you registered to vote in the City of Cottleville?	Yes	No
Are you a citizen of the United States?	Yes	No
Are you a Permanent Resident of the United States?	Yes	No
Have you ever been convicted of or pleaded guilty to a misdemeanor or felony other than a traffic violation?	Yes	No
If yes, please explain your answer:		
Have you ever had a professional/occupational license revoked or suspended, as a result of disciplinary action?	Yes	No
If yes, please explain your answer:		
Is there anything in your background that might become an embarrassment to you if it were to become public?	Yes	No
If yes, please explain your answer:		
Are you a current employee of the U.S. Government?	Yes	No
Are you a current employee of the City of Cottleville?	Yes	No
Are you or a family member currently serving on a Cottleville Board or Commission?	Yes	No
Have you ever served on a Board or Commission?	Yes	No
If yes, please explain your answer:		
Have you ever held an elected or appointed office position?	Yes	No
If yes, please explain your answer:		

A Missouri State Highway Patrol Criminal Record Check is required.

- Use the online MSHP MACHS Name Search Portal for an immediate record and remit your results with this application.
- This application will be cross referenced with the sexual offender registry.

I certify that the facts and declarations contained in this application are true and correct to the best of my knowledge. I further authorize investigation of all statements contained herein are personal references that I may include or later provide to obtain any and all pertinent information. I understand that providing false responses may be cause to remove me from service on a board or commission ifappointed. A personal financial disclosure may be required annually. Any information on this application may be subject to disclosure pursuant to sunshine law. I understand as part of my appointment I may be required to attend training and failure to do so when requested could result in removal from such a position.

Applicant Signature X	Date:	

Return this signed and completed application to:

Cottleville City Hall

Attn: City Clerk

5490 Fifth Street

Cottleville, Mo 63304