

FOR PUBLIC INFORMATION

Office of Citizen Assistance
301 King Street - Room 1900
Alexandria, Virginia 22314



CITY OF ALEXANDRIA, VIRGINIA
**PERSONAL DATA RECORD FORM
FOR
APPLICANTS TO CITY BOARDS, COMMISSIONS AND COMMITTEES**

Name of Board, Commission, Committee or Authority

Type of Position

All appointments to City Boards and Commissions are made by the City Council through the Executive Secretary for Boards and Commissions. Please complete this application in its entirety, return it to the **Office of Citizen Assistance**, and your application will be forwarded to the City Council. Please fill in all applicable blanks on the form. If additional space is needed to answer any of the questions, add the necessary pages to this form. Incomplete applications will not be forwarded to City Council.

**APPLICATIONS MUST BE TYPEWRITTEN OR PRINTED VERY CLEARLY
WITH A BLACK FELT PEN.**

Name: _____
(Last) (First) (Middle)

Home Address: _____
(Zip)

Home Phone No. _____ Business Phone No. : _____

E-Mail Address: _____

Fax No.: _____

Date of Birth: _____ Place of Birth: _____

Do you now live in the City of Alexandria? Yes No

Have you ever served the City of Alexandria in any capacity? Yes No

If yes, please explain: _____

Have you applied for a position on an Alexandria Board or Commission in the last six months? Yes No

If yes, state the names of the commissions for which you have applied:

Are you currently a member of a City Board, Commission , Committee or Authority? Yes No

If yes, list the board:_____

How many terms have you served on this board?_____

If you have served more than two consecutive terms on this board, state the special qualifications you possess which merit consideration for continued service:

Are you now paid by the City of Alexandria? Yes No

If yes, please state your department, job title and describe your duties:

Do any of your immediate relatives or business associates now serve the City of Alexandria in any capacity?
Yes No

If yes, please explain:_____

ATTENDANCE REQUIREMENTS: Sec. 2-4-7 of the City Code requires appointees to attend at least 75% of the yearly committee meetings. Absences may be excused because of personal illness or serious illness of members of the immediate family, death of a family member, unscheduled or unforeseen business trips, and emergency work assignments only. All other absences are recorded as unexcused.

In light of the above, will you be able to attend at least 75 percent of the regular meetings of the board to which you may be appointed? Yes No

If applicable, will you comply with the provisions of the City's conflict of interest requirements in City Ordinance 2867?
Yes No

SUPPLEMENTAL QUESTIONS

APPLICANTS FOR THE **PLANNING COMMISSION AND BOARD OF ZONING APPEALS**,
PLEASE COMPLETE THE FOLLOWING QUESTION:

Are you a citizen of the United States? Yes No

APPLICANTS FOR THE **BOARD OF ARCHITECTURAL REVIEW**,
PLEASE COMPLETE THE FOLLOWING QUESTION:

Have you been a resident of the City of Alexandria for at least one year? Yes No

APPLICANTS FOR THE **BOARD OF REVIEW OF REAL ESTATE ASSESSMENTS**,
PLEASE COMPLETE THE FOLLOWING QUESTION:

Do you own real property in the City of Alexandria? Yes No

APPLICANTS FOR THE **BUDGET AND FISCAL AFFAIRS ADVISORY COMMITTEE**,
PLEASE COMPLETE THE FOLLOWING QUESTIONS:

Are you a resident of and residing in the City of Alexandria and will continue to do so
during the term of appointment? Yes No

Are you an officer or director of any organization that receives appropriations or grants
through the City of Alexandria? Yes No

APPLICANTS FOR THE **COMMUNITY SERVICES BOARD**,
PLEASE COMPLETE THE FOLLOWING QUESTIONS:

Have you been a resident of the City of Alexandria for at least one year? Yes No

Are you a consumer (current or former direct recipient of public or private mental health, mental retardation
or substance abuse treatment or rehabilitation) or immediate family member of a consumer or a
principal care giver who is not paid? Yes No

Are you a consumer receiving services? Yes No

Are you an employee or board member of an organization which receives funding from any
Community Services Board? Yes No

I, THE UNDERSIGNED APPLICANT, CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND
COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Date

(Signature of Applicant)

SUBMISSION OF THIS FORM IS VOLUNTARY

CONFIDENTIAL – NOT FOR PUBLIC INFORMATION

**Non-Discrimination Data Supplemental Questions
For Applicants to City Boards, Commissions and Committees**

Completion of this form is **VOLUNTARY**. When completed, the form is separated from your application prior to the application's submission to City Council. **Council and staff do not use the form in determining appointments.** Information provided on the form is treated confidentially and the form is forwarded to the Alexandria Office on Human Rights for compilation of statistics. One responsibility of the Human Rights Commission (HRC) is to track whether the diversity in our City's population is reflected in appointments made to boards, commissions, committees and authorities; the HRC does this using only data supplied on this form. The HRC reports statistics only to Council.

The HRC's main role is to ensure discrimination does not occur in our city based on race, color, sex, religion, ancestry, national origin, marital status, familial status, age, sexual orientation or disability with respect to housing, employment, public accommodations, health and social services, education, credit or city contracts.

For what Board, Commission, Committee
or Authority are you applying? _____ Date of application? _____

Name: _____
(Optional – including your name assists the HRC in not duplicating your data if you apply more than once.)

Do you live in the City of Alexandria? Yes No

What is your race/ethnic origin? Please check all that apply.

- | | |
|---|---|
| a. American Indian or Alaskan Native <input type="checkbox"/> | e. Hispanic <input type="checkbox"/> |
| b. Asian or Pacific Islander <input type="checkbox"/> | f. Arab, Afghani or Middle-Eastern <input type="checkbox"/> |
| c. Black <input type="checkbox"/> | g. Other race or ethnic origin <input type="checkbox"/> (please specify)
_____ |
| d. White (not of Hispanic origin) <input type="checkbox"/> | |

What is your gender? Female Male

What is your sexual orientation? Heterosexual Gay/Lesbian Bisexual/Other

Do you have a disability? Yes No

If "Yes", briefly describe disability _____

How did you learn of the vacancy for which you are applying? Check one only.

- | | |
|---|---|
| a. TV <input type="checkbox"/> | d. Newspaper <input type="checkbox"/> (specify) _____ |
| b. Referred by city employee or commission/board <input type="checkbox"/> | e. City's web site <input type="checkbox"/> |
| c. Community Agency <input type="checkbox"/> | f. Other <input type="checkbox"/> (specify) _____ |