



**CITY OF**  
*Pine Bluff*  
**ARKANSAS**

**APPLICATION FORM OR APPOINTMENT TO CITY BOARDS,  
COMMISSIONS AND COMMITTEES**

**Please complete this application in its entirety, return it to the Department of Human Resources and your application will be forwarded to the Mayor's Office. 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.**

Specify the Board, Commission, Committee or Authority of Interest \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Resident Address: \_\_\_\_\_  
(City) (State) (Zip)

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email \_\_\_\_\_

Are you a resident of the City:  Yes  No Length of Residency: \_\_\_\_\_

Are you a registered voter in the City of Pine Bluff:  Yes  No

1. Briefly describe your background and experience: \_\_\_\_\_

2. List any special training, skills or experience you may have that are pertinent to the Board/Committee to which you are applying: \_\_\_\_\_

3. State your motivation for serving on this Board/Commission/Committee: \_\_\_\_\_

4. State your goals for the City: \_\_\_\_\_

6. What do you feel you can contribute to the Board and to the community that may not be evident from information already on this form? \_\_\_\_\_

5. Have you ever served the City of Pine Bluff in any capacity?  Yes  No

If yes, please explain: \_\_\_\_\_

**References:**

Name Address Phone

Name Address Phone

Name Address Phone

How did you hear about the opening(s)?  Newspaper  Website  
 TV Station  Other

A resume or separate sheet with additional information may be included.

I, the undersigned applicant, certify that the foregoing information is true and complete to the best of my knowledge and belief. I understand that the submittal of my application does not guarantee appointment.

Any member who for reasons other than sickness or bona fide emergency misses three or more regular meetings, or 30 percent of all meetings within a calendar year, is subject to removal by the governing body, which may fill the resulting vacancy. Where good cause for the absences is shown, the council may in its discretion reappoint the removed member.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date