



## *Boards and Commissions Application for Appointment*

**Board or Commission which you would like to be considered** \_\_\_\_\_  
 Please print or type Name, Address and Business Information (Print or type)

**Name** \_\_\_\_\_ **Title** \_\_\_ Mr. \_\_\_ Ms. \_\_\_ Mrs.  
                     First                                      Middle                                      Last

**Home Address** \_\_\_\_\_ **Business Address** \_\_\_\_\_

\_\_\_\_\_ (Zip Code) \_\_\_\_\_ (Zip Code)  
**Home Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Business Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**E-Mail** \_\_\_\_\_ **Current Employer:** \_\_\_\_\_

### Personal Information

**Gender** \_\_\_ Female \_\_\_ Male    **Date of Birth** \_\_\_/\_\_\_/\_\_\_    **I am a resident of Ward** \_\_\_

### Education and General Qualifications

Level	Name of School	Location (City, State)	Did you graduate?	Type of Degree	Year Graduated/ Degree Awarded	Major Course of Study
High School/GED						
College/Other						

**Licenses held (If Applicable):**

\_\_\_\_\_

Special Skills and Qualifications:

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Community Activities/Organizational Affiliations (Current):

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## Boards and Commissions Application for Appointment (Part II)

Are you registered to vote in the City of O'Fallon?  Yes  No If so, how many years? \_\_\_\_\_

Are you a citizen of the United States?  Yes  No

Have you ever been convicted of, or pleaded guilty to a crime?  Yes  No

(If yes, provide written details)

Are you a Permanent Resident of the United States?  Yes  No

Have you ever had a professional/occupational license revoked or suspended, as a result of disciplinary action?  Yes  No

Is there anything in your background that might become an embarrassment to you if it were to become public?  Yes  No

Are you a current employee of the City of O'Fallon?  Yes  No

Are you a current employee of the U.S. Government?  Yes  No

Are you or a family member currently serving on a board?  Yes  No

If yes, please list the board(s) or commission(s)

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Have you ever served on a county or state board or commission?  Yes  No

If yes, please list the board (s) or commission (s)

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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 if appointed.

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



REQUEST FOR CRIMINAL RECORD CHECK

PLEASE PRINT OR TYPE.

GENERAL INFORMATION

NAME LAST FIRST MIDDLE JR / SR
MAIDEN / ALIAS LAST FIRST MIDDLE JR / SR
SEX [ ] MALE [ ] FEMALE DATE OF BIRTH (MM/DD/YYYY) SOCIAL SECURITY NUMBER RACE [ ] BLACK [ ] WHITE [ ] INDIAN [ ] ASIAN [ ] OTHER
ADDRESS STREET - P.O. BOX CITY STATE ZIP CODE
ENTITY TYPE [ ] STATE [ ] FEDERAL PURPOSE FOR REQUEST [ ] EMPLOYMENT [ ] VOLUNTEER [ ] LICENSING [ ] OTHER (specify)

TYPE OF RECORD CHECK - PROCESSING FEE - METHOD OF PAYMENT

(per Sections 43.527 and 43.530, RSMo.)

- [ ] \$10.00 NAME SEARCH Based on NAME, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER. Response will be returned with all open records and records of conviction.
[ ] \$20.00 FINGERPRINT SEARCH Based on APPLICANT FINGERPRINT CARD. Response will be returned with complete records to the individual or qualifying entity.

Fee is payable either by check or money order (NO CASH) to "State of Missouri, Criminal Record System Fund."

MSHP / CENTRAL REPOSITORY RESPONSE



FORWARD TO - SEND REPLY TO

Please forward the request and fee to: Missouri State Highway Patrol Criminal Justice Information Services Division Post Office Box 9500 Jefferson City, MO 65102

SEND REPLY TO (Print or type your mailing label below.)

Telephone (include area code) \_\_\_\_\_

Three empty rectangular boxes for mailing label information.