



Please return to the City of Broken Arrow – City Clerk’s Office – 220 South First Street, Broken Arrow, OK 74012  
Telephone: (918) 259-2400, ext. 5418 – Facsimile: (918) 251-6642

### Application for City of Broken Arrow Authorities, Boards, Commissions and Committees

By submitting this application, the applicant authorizes any background check which may be helpful in the selection process, including, but not limited to, criminal background checks. All questions must be completed in order for this application to be considered. Your completed application will constitute a public record. Please submit your resume' with this application along with any additional information you believe the Council may find useful. **Please print.**

NAME: LAST FIRST MIDDLE

ADDRESS: STREET CITY STATE ZIP

DO YOU RESIDE WITHIN THE CITY LIMITS OF BROKEN ARROW? (REQUIRED FOR SERVING ON BOARDS/COMMISSIONS)

IF YES, HOW LONG?

COUNCIL WARD IN WHICH YOU LIVE (see attached map):

1  2  3  4

EMAIL ADDRESS

ARE YOU A REGISTERED VOTER?  YES  NO

DO YOU CURRENTLY HOLD ANY OFFICES UNDER THE LAWS OF THE STATE OF OKLAHOMA? SUCH OFFICES WOULD INCLUDE BUT NOT BE LIMITED TO WORKING FOR A MUNICIPALITY, COUNTY, OR STATE.

YES  NO

HOME TELEPHONE WORK TELEPHONE MOBILE TELEPHONE FAX NUMBER

EMPLOYER

BUSINESS ADDRESS

OCCUPATION

Have you had previous experience working for or with a Municipality, its Boards, Commissions or Trusts?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On what Authority, Board, Commission, or Committee are you most interested in serving?

\_\_\_\_\_  
\_\_\_\_\_  
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Describe any skills, training, expertise or experience that would qualify you for service on an Authority, Board, Commission or Committee:

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Please discuss your educational background.

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Do you anticipate any conflicts of interest on issues which may be decided by the Authority, Board, Commission or Committee on which you are interested in serving?

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Personal References (at least one must be a professional reference)

NAME: LAST FIRST E-MAIL:

ADDRESS: STREET CITY STATE ZIP

HOME TELEPHONE WORK TELEPHONE MOBILE TELEPHONE FAX NUMBER

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I attest that all information herein is true and accurate \_\_\_\_\_

SIGN AND DATE