



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)

YES NO

IF YES, HOW LONG? _____

COUNCIL WARD IN WHICH YOU LIVE:
(PLEASE SEE ATTACHED WARD MAP)

1 2 3 4

E-MAIL ADDRESS _____

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?

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

Please discuss your educational background.

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?

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

NAME: LAST	FIRST	E-MAIL:	
ADDRESS: STREET	CITY	STATE	ZIP
HOME TELEPHONE	WORK TELEPHONE	MOBILE TELEPHONE	FAX NUMBER

NAME: LAST	FIRST	E-MAIL:	
ADDRESS: STREET	CITY	STATE	ZIP
HOME TELEPHONE	WORK TELEPHONE	MOBILE TELEPHONE	FAX NUMBER

I attest that all information herein is true and accurate _____
SIGN AND DATE