

Application Form

Status: submitted

Profile

Mr. Bert Guinn
Prefix First Name Last Name Suffix

Street Address

Suite or Apt

City

State

Postal Code

Email Address

Greater Louisville Medical
Society

Employer

Executive Vice President/CEO

Occupation

District 0

What district do you live in?

Primary Phone

Alternate Phone

Interests *

- ☐ Business Development
- ☐ Codes/Regulations
- ☐ Economic Development
- ☐ Historical Preservation
- ☐ Housing
- ☐ Human Resources
- ☐ Information Technology
- ☐ Land Development
- ☐ Neighborhoods
- ☐ Public Health
- ☐ Public Safety
- ☐ Public Utilities
- ☐ Recreation
- ☐ Telecommunications
- ☐ Transportation
- ☐ Zoning

Volunteer Activities

Which Boards would you like to apply for?

Domestic Violence Prevention Coordinating Council (DVPCC)

Past Service on City and County boards and Commissions?

☐ Yes ☒ No

If Yes, Please List

Please answer the following questions. If you answer yes, please include relevant details (i.e. position, company, address, dates, etc.) in the Additional Notes section below.

Are you employed by Louisville Metro Government?

☐ Yes ☒ No

Do you or a member of your immediate family have ownership interest in any company that does business with Louisville Metro Government?

☐ Yes ☒ No

Do you or a member of your immediate family have ownership interest in any property that is the subject of a condemnation proceeding, planning and zoning proceeding or any other administrative or court proceeding in which Louisville Metro Government or its agencies are interested parties?

☐ Yes ☒ No

Do you have any contract or matter pending before any Louisville Metro Government agency?

☐ Yes ☒ No

Have you ever been sued by the former City of Louisville, Jefferson County or Louisville Metro Government?

☐ Yes ☒ No

Additional Notes

Upload a Resume

Background Check

We require a criminal background check for all appointed members.



Please enter the last four digits of your social security number. This is protected and will not be shared.

I authorize Louisville Metro Government and the Administrative Office of the Courts to search public records for any relevant information regarding me.

☒ Yes ☐ No

Please enter Maiden/Previous Names, if applicable.

Demographics

Some boards and commissions require membership to be racially, politically or geographically proportionate to the general public. Please complete the information requested below.

Caucasian (non-Hispanic)

Ethnicity

Independent

Political Party

Male

Gender



Date of Birth

If you need assistance, please contact Julie Radican via phone 502-574-2003 or via email at Julie.radican@louisvilleky.gov
