

## Application Form

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### Profile

Prefix	Carrye	Jones	Suffix
Street Address			Suite or Apt
City		State	Postal Code
Email Address			

Lincoln Foundation	
Employer	Occupation

### District 7

What district do you live in?

Primary Phone	Alternate Phone
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### 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

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**Which Boards would you like to apply for?**

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Landmarks Commission

**Past Service on City and County boards and Commissions?**

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☒ Yes ☐ No

**If Yes, Please List**

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Urban Services District Board

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?**

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☐ Yes ☒ No

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

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☐ 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?**

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☐ Yes ☒ No

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

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☐ 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.

**African American**

Ethnicity

**Democrat**

Political Party

**Female**

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](mailto:Julie.radican@louisvilleky.gov)

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