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For Office Use Only

Date Received \_\_\_\_\_

# City Of Irving Application for Boards, Commissions and Committees

To access this application on-line, visit our website at <http://www.cityofirving.org>

Ms.  
 Mrs. \_\_\_\_\_  
 Mr. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Position Sought (please indicate 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice):

<input type="checkbox"/> Animal Services Advisory Committee	<input type="checkbox"/> Disabilities Advisory Committee	<input type="checkbox"/> Parks & Recreation Board
<input type="checkbox"/> Arts Board	<input type="checkbox"/> Health, The Board of	<input type="checkbox"/> Planning & Zoning Commission
<input type="checkbox"/> Building and Standards Commission	<input type="checkbox"/> Hospital Authority Board	<input type="checkbox"/> Preservation & Redevelopment Board
<input type="checkbox"/> Civil Service Commission	<input type="checkbox"/> Housing and Human Services Board	<input type="checkbox"/> Youth Council
<input type="checkbox"/> Construction Board of Appeals	<input type="checkbox"/> Irving Flood Control, District I	<input type="checkbox"/> Zoning Board of Adjustments & Appeals
<input type="checkbox"/> Convention and Visitors Bureau Board	<input type="checkbox"/> Irving Flood Control, District III	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Dallas County Utility and Reclamation Dist.	<input type="checkbox"/> Library Board	
<input type="checkbox"/> Dallas County Flood Control District	<input type="checkbox"/> Museum Advisory Board	

e-mail address \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

Home telephone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Place of employment or business affiliation? (Please specify if you are self-employed, a homemaker, retired, etc.)  
\_\_\_\_\_

Business address \_\_\_\_\_

Business telephone \_\_\_\_\_

Irving resident for \_\_\_\_\_ years Are you registered to vote in Irving?  Yes  No

Texas resident for \_\_\_\_\_ years

List any experience that qualifies you to serve in the positions indicated. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever served as a member of any Irving boards, commissions, or committees?  Yes  No

If yes, specify which one and the approximate dates of service. \_\_\_\_\_  
\_\_\_\_\_

List any civic or community activities in which you have been involved. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(continued on back)

Do you have any business or personal relationship with the City of Irving that would affect your ability to have impartial judgment in city matters?

Yes  No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

List your educational background. \_\_\_\_\_  
\_\_\_\_\_

What is your occupational experience? \_\_\_\_\_  
\_\_\_\_\_

**\*\* This application is the only information considered for appointments by the City Council.**

Please do not send resumes, photographs or letters of recommendation.

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\* Please fold, tape and mail completed form to the City Secretary's Office at the address listed below or fax to 972-721-2384.

If you have any questions, contact Janice Carroll, City Secretary at 972-721-2493

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

Postage  
Required

City of Irving  
City Secretary's Office  
825 W. Irving Blvd  
Irving, TX 75060