APPLICATION FOR APPOINTMENT TO FLOOD PROTECTION AUTHORITY

1. FULL LEGAL NAME	E (NO ABBREVIATION	ONS)			
Mr. Mrs.					
Miss First Name		Middle Name	Last Name		
Other names/Alias used: _					
	od Protection Autho	rity East (SLFPAE) rity West (SLFPAW)			
3. Driver's License #:	Driver's License #: 4. Date of Birth:			_	
5. Social Security #:		6. Name of Spou	ıse:		
7. Where are you registered	ed to vote? Parish	Ward	Precinct		
Party Affiliation					
*NOTE: The information be	elow will assist in the go	al of having broad representa	ation of the community and	is voluntar	y on your po
8. Race*		9. Sex*			
Home Address:					
	Street	City	State	:	Zip
Mailing Address:					
	Street	City	State	:	Zip
Home Phone: ()		Cell: ()		_	
Fax: ()					
Email:				_	
11. CURRENT EMPLOY	ER				
Company:		Title:			
Address:				-	
City		Parish		State	Zip
T		T. 177. (

Email:					
12. WOR Employe		ENCE (Cui	rent to last 10 years) <u>Title/Type of Business</u>	<u>City/State</u>	<u>Date (From – To)</u>
	CATION (B ol (location)	egin with h	nighest grade)	Degree (year)	<u>Major</u>
List any j date (CPA	A, Registered	enses or cer Nurse, P.E.	tificates that you have, the date you, etc.)		icensing agency and expiration
15. MILI'	TARY SER	VICE	date and type of discharge		
	ll business, _j u are a curre		al, government and educational	boards, commissioned organ	nizations and societies of
17	Yes	No		arrent residence less than 5 years on a separate sheet of pap	
18	Yes	No	Are you a citizen or legal al	ien of the Unites States?	
19	Yes	No	consultant) with any institut enterprises, non-profit organ present a potential conflict of	s an officer, owner, director, cions (corporations, firms, partizations, etc) within the past of interest or appearance of coyes, please explain on a separate.	rtnerships, business t five years which might onflict of interest with your

20	Yes	No	Do you or a member of your immediate family own or have an interest or part in any business, company or entity conducting business of any kind with the authority or levee district within the territorial jurisdiction of the authority or any of the facilities controlled by the authority or any such district. If yes, please explain on a separate sheet of paper.
21	Yes	No	Do you own real property, personal property, or financial holdings which might present a potential conflict of interest or appearance of conflict of interest with your requested appointment? If yes, please explain on separate sheet of paper.
22	Yes	No	Have you ever been convicted of a violation of any federal, state, parish or municipal law, regulation or ordinance (including traffic violations for which a fine of \$100.00 or more was imposed, this includes driving under the influence of alcohol and/or drugs)? If yes, please explain on separate sheet of paper.
23	Yes	No	Are you currently under federal, state or local investigation for possible violation of a criminal law or ordinance? If yes, please explain on a separate sheet of paper.
24	Yes	No	Have you ever been disciplined, cited, or sanctioned for a breach of ethics or unprofessional conduct by, or been the subject of a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group? If yes, please explain on separate sheet of paper.
25	Yes	No	Are there any pending complaints against you involving any court, administrative agency, professional association, disciplinary committee, or other professional group? If yes, please explain on a separate sheet of paper.
26	Yes	No	Have you previously or do you currently serve as a member of any elected body? If yes, please list position and dates held on a separate sheet of paper.
27	Yes	No	Have you previously or are you currently a registered lobbyist? If yes, please list the name(s) of the agency or entity you lobbied and the principal(s) you represent.
28	Yes	No	Have you ever been employed as a public employee of the state or local government? If yes, please identify the employer(s) and the dates of employment on a separate sheet of paper.
29. Pleas	se briefly exp	lain why y	you wish to serve on this board.
30. Are	there any fac	tors that n	nay adversely impact your ability to serve on this board?

31. REFERENCES: List four (4) individuals as references that you have work numbers for each.	ted directly for. Please give name, address and current phone
32. PLEASE ATTACH A COPY OF YOUR CURRENT	Γ RESUME'***
ACKNOWLEDGEMENT	
participate or engage in political activity to support support a particular party or issue in an election; be political party or faction; make or solicit contribution	appointed to the board for which I have applied, I shall not or oppose the election of a candidate for political office; a member of any national, state, or local committee of any ans for any political party, faction, candidate, or issue; or take itical party, faction, candidate, or any political campaign, by opinion privately and to cast my vote as I desire.
Applicant Signature	Date
AUTHORIZATION AND RELEASE	
I understand that in connection with this application extensive investigation of my personal and business authorize the release of any and all information pertaparticipated, including information of a confidential government or private agencies or individuals. I her furnish such information from liability for damages information requested. I certify that the information of my knowledge and do hereby authorize any investigation.	background may be conducted. I hereby aining to me or businesses in which I or privileged nature in the possession of reby release all such agencies or individuals who which may result from furnishing the non this form, provided by me, is true to the best
Applicant Signature	 Date