

**CITY OF MURFREESBORO**

**QUESTIONNAIRE FOR APPOINTMENT TO  
BOARD/ COMMISSION/ COMMITTEE/ SPECIAL ASSIGNMENT**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE: \_\_\_\_\_ CITY RESIDENT: \_\_\_\_\_ HOW LONG: \_\_\_\_\_

HOW LONG RESIDENT OF RUTHERFORD COUNTY: \_\_\_\_\_

REGISTERED VOTER? \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

OCCUPATION/TITLE: \_\_\_\_\_

HOW LONG HAVE YOU BEEN EMPLOYED HERE? \_\_\_\_\_

NAME OF SPOUSE: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

NUMBER OF CHILDREN: \_\_\_\_\_

ANY IN CITY OF MURFREESBORO SCHOOL SYSTEM? \_\_\_\_\_

EDUCATION: \_\_\_\_\_

APPOINTMENT APPLYING FOR: \_\_\_\_\_

CIVIC ORGANIZATIONS: \_\_\_\_\_  
\_\_\_\_\_

PROFESSIONAL ORGANIZATIONS: \_\_\_\_\_  
\_\_\_\_\_

PREVIOUS PUBLIC SERVICE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ANY SPECIAL QUALIFICATIONS/EXPERIENCE: \_\_\_\_\_  
\_\_\_\_\_

DO YOU KNOW OF ANY POSSIBLE CONFLICTS OF INTEREST THAT MAY PROHIBIT YOU FROM SERVING, IF APPOINTED? EXPLAIN. \_\_\_\_\_  
\_\_\_\_\_

ANY ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

RETURN TO CITY MANAGER'S OFFICE IN THE CITY HALL OR BY MAIL  
P.O. BOX 1139, MURFREESBORO, TENNESSEE 37130