



City of North Little Rock Personal Information Sheet

This form is public information and subject to the Freedom of Information Act.

Name: _____ DOB: _____
(Month, Day, Year)

Home Address: _____
(Street, City, Zip)

Phone Numbers: _____ Length of Residence: _____
(Preferred) (Years)

Email Address: _____

Place of Employment/Occupation: _____

Marital Status: _____ Spouse's Name: _____

Spouse's Place of Employment/Occupation: _____

Board or Commission: _____

Term of Appointment: _____

Summary of Qualifications and/or Experience: _____

Other Boards/Commissions Served: _____

Educational Background: _____

I hereby acknowledge that I have read and understand City Ordinance 5333 as amended by Ordinance 6495, pertaining to absences by members of City Board and Commissions.

The above statements are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____