



APPLICATION FOR
NORTHERN COLORADO REGIONAL AIRPORT COMMISSION

**** Filing deadline is 5:00 p.m., Thursday, February 19, 2015 ****

NAME: _____

HOME ADDRESS: _____

HOME TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

OCCUPATION: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE NUMBER: _____

A Citizen Member [on the NoCO Regional Airport Commission] is defined as an individual residing within the Growth Management Area ("GMA") of the City of the appointing City Council, or owning or leasing real property or operating a business within the Airport area of influence as defined in the Airport Master Plan; provided that such member shall not be an employee or city council member of the Cities.

Please describe the property that you own or lease, the business location, or the residence that qualifies you to apply for this commission

ARE YOU CURRENTLY SERVING ON A BOARD/COMMISSION? YES ☐ NO ☐
IF YES, WHICH BOARD/COMMISSION: _____

An individual may not serve on more than one board or commission at a time unless: 1) the member is the only qualified applicant for the position, or, 2) the member resigns his or her position on the first board or commission prior to or upon appointment to the second board or commission.

WHAT SPECIAL EDUCATION, SKILLS OR EXPERIENCE DO YOU BRING TO THE COMMISSION THAT CONTRIBUTES TO ITS MISSION? _____

WHAT DAYS OF A TYPICAL MONTH YOU ARE UNABLE TO ATTEND MEETINGS?

ARE YOU INVOLVED IN ANY ACTIVITIES THAT MIGHT CREATE A CONFLICT OF INTEREST?

YES ☐ NO ☐

IF YES, EXPLAIN: _____

WHY DO YOU WANT TO BE A MEMBER OF THIS BOARD/COMMISSION?

PERSONAL REFERENCE (NOT RELATIVES) WHO CAN SPEAK TO YOUR QUALIFICATIONS TO SERVE:

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT HISTORY:

EMPLOYER	ADDRESS	DATES	POSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby submit my application for the position indicated. I understand that the City will verify information contained herein and may make other inquiries, which it deems appropriate to consideration of my application, and I consent to such inquiries.

Signature

Date

Submit application to: <mailto:rochelle.fernley@cityofloveland.org> or transmit by mail City Manager's Office, 500 East Third Street Ste 330, Loveland, CO 80537, or Fax (970) 062-2900.

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THE CITY OF LOVELAND DOES NOT DISCRIMINATE ON THE BASIS OF DISABILITY, RACE, CREED, COLOR, SEX, SEXUAL ORIENTATION, RELIGION, AGE, NATIONAL ORIGIN, OR ANCESTRY IN THE ADMISSION, ACCESS OR APPOINTMENT TO, OR TREATMENT OR EMPLOYMENT IN, ITS PROGRAMS OR ACTIVITIES.