



## **Application for Appointment to Civilian Oversight Board**

Please complete this application if you would like to be considered for appointment to the Civilian Oversight Board (“COB”) of the City of St. Louis. Appointment to the COB requires nomination by the Mayor and confirmation by the Board of Aldermen. A copy of this application will be provided to the aldermen from your COB district, but you may also wish to contact your alderman directly to seek her or his support.

The COB Ordinance requires every COB member to be fair and objective. Every COB member must serve as a neutral party who does not favor a complainant or an accused police officer, and must make decisions based only upon the facts and the evidence before them.

The COB Ordinance creates several qualifications for COB members including: the individual must be a resident of the City of St. Louis; the individual must be at least 18 years of age; the individual must not hold any public office; the individual must not be an employee of the City or the State of Missouri; the individual must not have an immediate family member who is currently employed by the St. Louis Metropolitan Police Department, and the individual must not have been convicted of a felony. Not more than one member of the COB may be an individual who previously was a commissioned employee of a municipal, state, or federal law enforcement agency.

Please use additional pages to answer questions, to the extent necessary. You may also attach letters of support from community members.

Please be aware that this form will be treated as a public document, but your social security number and birth date will be removed from any request for information. If you have any questions about the form, please do not hesitate to contact us at 314-622-3201.

Completed forms may be sent by mail or email to:

**Patrick R. Brown**  
**Deputy Chief of Staff – Office of the Mayor**  
**1200 Market - Room 200**  
**St. Louis, MO 63103**  
**[brownpa@stlouis-mo.gov](mailto:brownpa@stlouis-mo.gov)**

## Application for Appointment to the Civilian Oversight Board

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Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Ward: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last 4# Social Security Number: \_\_\_\_\_

Are you a city resident?  YES  NO *If yes, for how long?* \_\_\_\_\_

City property owner?  YES  NO List Address(s): \_\_\_\_\_

Are you a registered voter in the City of St. Louis?  YES  NO

Have you been convicted of a felony?  YES  NO

Do you hold any public office?  YES  NO

*If yes, please name:* \_\_\_\_\_

Are you an employee of the City of St. Louis or the State of Missouri?  YES  NO

*If yes, please name:* \_\_\_\_\_

Are you related to an employee of the City of St. Louis or the State of Missouri?  YES  NO

*If yes, please name:* \_\_\_\_\_

Are you related to a current employee of the St. Louis Police Department?  YES  NO

*If yes, please name:* \_\_\_\_\_

Have you ever been a commissioned employee of a municipal, state, or federal law enforcement agency?  
 YES  NO

*If yes, please explain:* \_\_\_\_\_

Have you ever been a member of the Armed Forces of the United States, its reserve components, or the National Guard?  YES  NO

*If yes, please state the branch, service period, and last rank, and please indicate if you did not receive an honorable discharge, were ever court-martialed, were ever assessed non-judicial punishment, resigned in lieu of court-martial, or were administratively discharged:* \_\_\_\_\_

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**GENDER AND RACIAL DIVERSITY**

Your gender:

- Male
- Female
- Other: *Please self-define:* \_\_\_\_\_

Your ethnicity (check one):

- White: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black/African American: All persons having origins in any of the Black original peoples of Africa.
- Hispanic/Latino(a): All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.
- Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent.
- Native Hawaiian or Pacific Islander: All persons having origins in any of the original peoples of the Hawaiian Islands and Pacific Islands.
- American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- Other: *Please self-define:* \_\_\_\_\_

Have you at any time belonged to any membership organization that, as a matter of policy or practice, denied or restricted membership or affiliation based on race, sex, disability, ethnic background, religion, or sexual orientation, or has been subject to a claim that it has done so? If yes, please provide details: \_\_\_\_\_

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**EDUCATIONAL EXPERIENCE:** Please list the schools you have attended since high school. *Should you require additional space, please provide detailed information in the form of an attachment to this document.*

School: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Degree Received: \_\_\_\_\_

School: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Degree Received: \_\_\_\_\_

School: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Degree Received: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE.** Please list your employment information for any jobs held within the past five years. Please include part-time, as well as full-time, employment. *Should you require additional space, please provide detailed information in the form of an attachment to this document.*

Employer Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

**COMMUNITY INVOLVEMENT:**

Have you ever served on a Board/Commission in the City of St. Louis?  YES  NO

*If yes, please list:* \_\_\_\_\_

Have you ever served on a Board/Commission in the State of Missouri?  YES  NO

*If yes, please list:* \_\_\_\_\_

Please describe your prior community involvement: \_\_\_\_\_

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

Please list any past or current memberships in professional or civic organizations (*neighborhood associations, volunteer organizations, community organizing or community action organizations, etc*):

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Please describe your experiences, good or bad, with police officers: \_\_\_\_\_

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As a member of the Civilian Oversight Board, please describe how you will approach your role as a neutral party who does not favor a complainant or an accused police officer:

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Please list all social media accounts you maintain or have access to, whether in a personal or professional capacity and whether or not you use your own name or another name:

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Please list all publications you have authored or participated in drafting: \_\_\_\_\_

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Please list all news articles or stories appearing in any media (including newspaper, radio, television, on-line media, social media, and any other form of media) where you were quoted: \_\_\_\_\_

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**CONFLICTS OF INTEREST**

Do you or your family have or ever had any interests that may present a conflict of interest or appearance of such a conflict if appointed to the Civilian Oversight Board?  YES  NO

*If yes, please explain:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or members of your immediate family held any contractual or other direct dealings during the last four (4) years with any state or local government agency in Missouri, including the City of St. Louis?  YES  NO

*If yes, please explain:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or members of your immediate family ever been a registered lobbyist in Missouri?  YES  NO

*If yes, please identify:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER BACKGROUND INFORMATION**

Are you now under any charge or charges for any crime?  YES  NO

*If yes, please identify:* \_\_\_\_\_  
\_\_\_\_\_

Have you ever, as an adult, been charged with any crime or arrested for any crime for which you were not convicted, excluding traffic offenses where the fine imposed was less than \$100? *If yes, please identify:*

\_\_\_\_\_

Has any civil litigation or garnishment action ever been filed against you? *If yes, please identify:*

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Has any civil order of protection or restraining order relating to domestic violence or any other subject ever been entered against you? *If yes, please identify:* \_\_\_\_\_

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Have you ever had any civil, administrative, or arbitration judgment or garnishment entered against you or against any business in which you were owner or the majority shareholder? *If yes, please identify:*

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Have you ever filed personal bankruptcy or been adjudicated bankrupt? *If yes, please provide details:*

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Are you currently in arrears on any court-ordered child support payments? *If yes, please explain:*

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Has any business you have owned, or of which you have been the majority shareholder, ever filed for bankruptcy or been adjudicated bankrupt? *If yes, please explain:* \_\_\_\_\_

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Have you ever applied for, or held a license for a business, trade, or profession that required proof of good character or an examination? *If yes, please identify the license, the issuing authority, the initial date of licensing, and state whether you have been denied such a license, had the license suspended or revoked, or been disciplined with respect to that license:*

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Are all of your federal, state, and local taxes current? *If no, please explain:* \_\_\_\_\_

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Do you agree to participate in all training provided to COB members?  YES  NO

Do you agree that, if appointed to the COB, you will always be fair and objective, serving as a neutral who does not favor a complainant or an accused police officer, and that you will make decisions based only upon the facts and evidence before you?

YES  NO

***I certify that to the best of my knowledge the above information is accurate and complete. I understand that I will be subject to a background check prior to selection as a potential candidate for nomination to the Civilian Oversight Board.***

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_