



CITY OF WINSTON-SALEM  
 OFFICE OF THE MAYOR - ALLEN JOINES  
 CITIZEN APPLICATION FOR ADVISORY  
 BOARDS AND COMMISSIONS

Date: 2/25/2019

Last Name: Hayes First Name: William Middle Initial: L.

Gender:  Male  Female Race: Black Birthdate: 6-1-43

Email: bill.hayes1943@gmail.com Home Phone: 336 6619927

Daytime Phone: 336 251 5549 Cell Phone: Same

Home Address: 5600 Novack St 27105

Live in Winston-Salem City Limits?  Yes  No Live in Forsyth County?  Yes  No

Are you a graduate of City of Winston-Salem University?  Yes  No Year \_\_\_\_\_

Current Occupation/Title: retired

Employer/Business Name: \_\_\_\_\_

Business Address (with zip code): \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Education:  High School  College  Graduate School  Other: \_\_\_\_\_

Degree and Subject of Study: Education

School Name/Years Attended: North Carolina Central University

Applying for Board/Commission (enter one): Bond Oversight Committee

Why are you interested in serving on that Board/Commission? serve community

What Board or Commission are you currently serving (if applicable)? Bond Committee

Term Expiration Date: \_\_\_\_\_

Are you willing to serve on any other Board/Commission?  Yes  No

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

Are you interested in serving in any other community volunteer activities?  Yes  No

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

Interests/Skills/Areas of Expertise/Professional Organizations: NAACP, Boy Scout Board,  
Several Halls of Fame Boards,

List two professional references below:

1. Name: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_

### AFFIRMATION OF ELIGIBILITY

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction?  Yes  No

If yes, explain complete disposition. \_\_\_\_\_

Is there any possible conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee to a Board/Commission?  Yes  No

If yes, explain. \_\_\_\_\_

I understand this application is public record, and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement or conduct will be cause for my removal from any board or commission.

Signature of Applicant: William J. Jager Date: 2/25/19

### PLEASE ATTACH RESUME

RETURN COMPLETED FORM TO:

Mayor's Office, P.O. Box 2511, Winston-Salem, NC 27102

Website: <http://www.CityofWS.org/Government/PublicMeetings>

Email: [MayorsOffice@CityofWS.org](mailto:MayorsOffice@CityofWS.org) Fax: 336-748-3241 Telephone: 336-727-2058

*Note: Applications will be kept on file for two years from the date of application.*