



CITY OF WINSTON-SALEM
OFFICE OF THE MAYOR - ALLEN JOINES

FEB 09 2017
RM

CITIZEN APPLICATION FOR ADVISORY
BOARDS AND COMMISSIONS

			Date:	2-7-2017		
Last Name:	BANKS		First Name:	JAMES "JAY"	Middle Initial:	B.
Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Caucasian	Birthdate:	12-25-56	
Email:	jbanks@triad.rr.com			Home Phone:	336-727-2448	
Daytime Phone:	-same-		Cell Phone:	336-972-8850		
Home Address:	611 Staffordshire Rd, Winston-Salem, NC 27104					
Live in Winston-Salem City Limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Live in Forsyth County?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a graduate of the City of Winston-Salem University?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Year		
Current Occupation/Title	Retired					
Employer/Business Name						
Business Address (with zip code):						
Supervisor's Name:						
Education:	<input type="checkbox"/> High School <input type="checkbox"/> College <input checked="" type="checkbox"/> Graduate School		<input type="checkbox"/> Other:			
Degree and Subject of Study:	Political Science BA, Finance/Marketing MBA					
School Name/Years Attended:	Wake Forest Univ. '74-'76 with Distinction					
Applying for Board/Commission (enter one):	Community Agency Allocation					
Why are you interested in serving on that Board/Commission?	To provide my experience in resource allocation to the City.					
What Board or Commission are you currently serving?	None					
	Term Expiration Date:	-				
Are you willing to serve on any other Board/Commission?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please list:	Triad Development Authority					
Are you interested in serving in any other community volunteer activities?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please list:	Zoning Board, Planning Board					
Interests/Skills/Areas of Expertise/ Professional Organizations:	Communications, Planning, Organizational Devel. Graduate of Leadership WS					

List two professional references below:			
1.	Name:	Dr. Tom Phillips	Daytime Phone:
	Address:	Box 7328 Reynolds Station, Winston-Salem 27109	
	Relationship:	Longtime Colleague at WFU	
2.	Name:	Dr. Samuel Gladding	Daytime Phone:
	Address:	Box 7406, Winston-Salem, NC 27109	
	Relationship:	Former Supervisor at WFU	
AFFIRMATION OF ELIGIBILITY			
Has any formal charge of professional misconduct, criminal misdemeanor, or felony ever been filed against you in any jurisdiction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, explain.			
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, explain.			
I understand this application is public record, and I certify 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 any misstatement or conduct will be cause for my removal from any board or commission.			
Signature of Applicant: <i>(Please print and sign.)</i>		James B. Beebe	Date: 2/7/2017

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 Fax: 336-748-3241 Telephone: 336-727-2058

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