

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

## CITIZEN APPLICATION FOR ADVISORY BOARDS AND COMMISSIONS

<u></u>								Date:	3/14	/19
Last Nam			First Name: S. Ju		S. Jus	stin		Middle Initial:		
Gender: Male D Female				Rac	ace: Hispanic		Birthdate:		2/18/81	
Email:	tmail.	mail.com			Home Phone:					
Daytime I	620	20 Cell Phone: 3			336-707-4410					
Home Address: 3621 Yadkinville Rd. Winston-Salem, NC 27106										
Live in Winston-Salem City Limits? ■ Yes □ No Live in Forsyth County? ■ Yes □ No										
Are you a	graduat	e of the City of	Winston	ı-Sal	em Univer					Year
Current O	Sen	Senior Marketing Manager								
Employer	Busines		Wake Forest Baptist Health							
Business Address (with zip code): Medical Center Blvd. Winston-Salem, NC 27157										
Supervisor	r's Nam	e: Rae Bus	h							
Education	: 🗆 Hi	gh School 🛭 🗏	College	· [	] Graduate	e Sci	loon	Other		
Degree and	Degree and Subject of Study: Business Administration/ Marketing									
School Na	me/Yea				an Stat					004
Applying f	for Boar	d/Commission								
Why are you interested in serving on that Board/Commission?				Interested in Econ. Development for City of W-S. Small business is backbone of local econ.						
What Board or Commission are you currently serving?			nor	none						
			Тегт	Term Expiration Date:						
Are you wi	Illing to	serve on any ot	her Boar	d/Co	nmission	? [	□ Yes	■ No	·	
	please li		helican control of subjective	TV 12-74	Principle to principle to the great state of		-		***************************************	1945
Are you in	terested	in serving in an	y other o	omi	nunity voli	unte	er activitie	es? 🗆	Yes	■ No
	please li				-					
Interests/SI Expertise/ I Organizatio	Professio	<sub>eas of</sub> Marke onal project n	ing, co nanage	mm	unicatior nt, comm	ıs, c	lowntow ty relation	n deve	lopme	ent, social media,

List two professional references below:										
1.	Name:	Joanna Lyall	Daytime Phone:	336-716-1277						
	Address:	Medical Center Blvd. Winston-Salem, NC 27157								
	Relationship:	former supervisor at WFBH								
2.	Name:	Matt Britt	Daytime Phone:	336-716-0536						
	Address:	Medical Center Blvd. Winston-Salem, NC 27157								
	Relationship:	co-worker								
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.										
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 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:										
(Please print and sign.) Date: 3/4/19										

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

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