

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

CITIZEN APPLICATION FOR ADVISORY BOARDS AND COMMISSIONS

Date: 10-1-19
Last Name: Middle Initial: Middle Initial:
Gender: Male Defemale Race: AA Birthdate: 08-06-1946
Email: SMJONES DSMSI-NET. COM Home Phone: 336-759-7477
Daytime Phone: 336-759-7477 Cell Phone: 336-414-6905
Home Address: 51 E. 4th 11 #1702
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 PNo Year
Current Occupation/Title: Business Owner / CEO
Employer/Business Name: Segmented Marketing Services, Inc (5M5I)
Business Address (with zip code): 889 N. Liberty Sh. W-S, NC 27101
Supervisor's Name: W/A
Education:
Degree and Subject of Study: MBA in Marketing
School Name/Years Attended: Kellogy School of Management northwestern U 1969-1971
Applying for Board/Commission (enter one): african american Heritage Initiation
Why are you interested in serving on that Board/Commission?
Strong desire to asknowledge and preserve AA
contributions to Winston- Jalen history
What Board or Commission are you currently serving (if applicable)? YWCA of W-S/
no City boards Term Expiration Date:
Are you willing to serve on any other Board/Commission? Pres No
If yes, please list: as needed
Are you interested in serving in any other community volunteer activities? ☐ Yes ☐ No
If yes, please list: as needed

Interests/Skills/Areas of Expertise/Floressional Organizations.
Marketing, Commenty Outread / Black MBH association
Marketing, Community Outreach / Black MBA association, Urban League, AKA Sounty, W-S Chapter of Links, Inc.
List two professional references below:
1. Name: Michael Suggs Daytime Telephone: 336-161-0593
1. Name: Michael Suggs Daytime Telephone: 336-761-0595 Address: 889 N Liberty & W-S, NC 27101
Relationship: Professional Colleague
2. Name: Christy Respess Daytime Telephone: 336-354-0191 Address: 113 Indera Mills Court W-5, NC 27/01
Address: 113 Indera mille Court W-S, NC 27/01
Relationship: Professional Colleague
AFFIRMATION OF ELIGIBILITY Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you
in any jurisdiction? Yes Yo
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 PNo 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: Signature of Applicant: Date: 10-1-19

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.