



PUBLIC SERVICE PERSONAL PROFILE

Profile forms may be downloaded or completed on-line at
www.umsl.edu/~iwpl/talentbank.html

Please type or print. Complete both sides unless a resume is attached. Return this form to the Sue Shear Institute for Women in Public Life, University of Missouri—St. Louis, One University Blvd., St. Louis, MO, 63121-4499. Fax completed forms to (314) 516-6621. For more information, please call (314) 516-4727 in St. Louis and (816) 235-1409 in Kansas City.

Name _____
(Last) (First)

Home Address _____
(City) (State) (County) (ZIP)

Employer _____

Business Address _____

Occupation _____

Registered to Vote at Home Address (Y/N) _____

Length of Missouri Residency _____

Home Phone () _____

Work Phone () _____

Fax Number () _____

E-mail _____

The following district information can be obtained through a link on our website:
www.umsl.edu/~iwpl/legislookup.htm

Congressional District _____

State Representative District _____

State Senate District _____

School District _____

The following information is voluntary:

Date of Birth _____ **Gender (M/F)** _____ **Race** _____ **Political Party (R/D/I)** _____

- List any immediate family members who are current government employees or who receive a significant amount of their income through government contracts:

_____ (Relation) (Employer)

- Indicate position & dates of service, if you served on a public board, commission or in public office (city, state or local):

- To assure that public boards and commissions are representative of the population, please state what experience or qualities you possess that would help attain that goal:

Indicate public policy interest: (1) Strong, (2) Moderate or Blank for No Interest			
Justice		Aging	
Environmental Issues		Education	
Economic Development/Planning		Arts & Humanities	
Health		Professional Licensing	
Youth/Children's Issues		Other	
List any particular boards that interest you:			

Interested in full-time employment? Y / N **Willing to relocate? Y / N** **Resume attached? Y / N**

Educational Background:

Institution	Dates	Degree	Field of Study

Employment History (Please list three most recent employers beginning with the most current):

Company Name	Dates of Employment	Your Title

List Community Activities:

List Professional Activities:

List Organizational Activities: