



**Potomac Yard Metrorail Station**  
**Potomac Yard Metrorail Implementation Work Group (PYMIG)**  
**City of Alexandria**

**APPLICATION FOR APPOINTMENT**

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Please complete this form in its entirety and return it to Lee Farmer, Department of Transportation and Environmental Services, [lee.farmer@alexandriava.gov](mailto:lee.farmer@alexandriava.gov), 703-746-4146, by 5:00 p.m. on Friday, October 9, 2015.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you work in the City of Alexandria? \_\_\_\_\_

Please list the PYMIG slot to which you are applying (Community Representative – East of the CSX tracks within the Potomac Yard Small Area Plan area; Community Representative – West of the CSX tracks within the Potomac Yard Small Area Plan area; Business Representative – At-Large; Community Representative – At-Large).

\_\_\_\_\_

Please explain why you would like to serve on PYMIG.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summary of Relevant Experience: (This could include a range of things, from community volunteer work to expertise related to architecture, engineering, planning, land use, transportation, economic development, etc.)

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Have you ever served the City of Alexandria in any capacity? If yes, please explain:

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Are you currently a member of a City Board, Commission, Committee or Authority? If yes, please list the City Board, Commission, Committee or Authority:

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Are you now paid by the City of Alexandria? If yes, please state your department, job title and describe your duties: \_\_\_\_\_

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Do any of your immediate relatives or business associates serve the City of Alexandria in any capacity? If yes, please explain: \_\_\_\_\_

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References: (Please list name, addresses and contact information of two references that support your application)

1. \_\_\_\_\_

2. \_\_\_\_\_

**Attendance Requirements:** Sec. 2-4-7 of the City Code requires appointees to attend at least 75% of the yearly committee meetings. Absences may be excused because of personal illness or serious illness of members of the immediate family, death of a family member, unscheduled or unforeseen business trips, and emergency work assignments only. All other absences are recorded as unexcused.

In light of the above, will you be able to attend at least 75 percent of the regular meetings of the board which you may be appointed? \_\_\_\_\_

If applicable, will you comply with the provisions of the City's conflict of interest requirements in [City Ordinance 2867](#)? \_\_\_\_\_

**Submission of this Portion is Voluntary. Confidential - Not for Public Information.**

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**Non-Discrimination Data Supplemental Questions for Applicants to City Boards, Commissions and Committees**

Completion of this form is **VOLUNTARY**. When completed, the form is separated from your application prior to the application’s submission to City Council. **Council and staff do not use the form in determining appointments.** Information provided on the form is treated confidentially and the form is forwarded to the Alexandria Office on Human Rights for compilation of statistics. One responsibility of the Human Rights Commission (HRC) is to track whether the diversity in our City’s population is reflected in appointments made to boards, commissions, committees and authorities; the HRC does this using only data supplied on this form. The HRC reports statistics only to Council.

The HRC’s main role is to ensure discrimination does not occur in our city based on race, color, sex, religion, ancestry, national origin, marital status, familial status, age, sexual orientation or disability with respect to housing, employment, public accommodations, health and social services, education, credit or city contracts.

**For what Board, Commission, Committee or Authority are you applying?**

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**Do you live in the City of Alexandria?** \_\_\_\_\_

**What is your race/ethnic origin? Please check all that apply.**

**American Indian or Alaskan Native** \_\_\_\_\_

**Hispanic** \_\_\_\_\_

**Asian or Pacific Islander** \_\_\_\_\_

**Arab, Afghani or Middle-Eastern** \_\_\_\_\_

**Black** \_\_\_\_\_

**White (not of Hispanic origin)** \_\_\_\_\_

**Other race or ethnic origin (please specify)** \_\_\_\_\_

**What is your gender?** Male \_\_\_\_\_ Female \_\_\_\_\_

**What is your sexual orientation?** Heterosexual \_\_\_ Gay \_\_\_ Lesbian \_\_\_ Bisexual \_\_\_  
Other \_\_\_\_\_

**Do you have a disability? If “Yes”, briefly describe disability**

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**How did you learn of the vacancy for which you are applying?** \_\_\_\_\_

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**I hereby certify that all information contained herein is true and complete and that this transaction will be subject to the Virginia Uniform Electronic Transactions Act.**

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Signature

Date