

City of Lincoln Appointment Application

entered 11/19/01
ACI

The purpose of this form is to obtain general information for use in the nomination and confirmation process for appointments by the Mayor and to assist the Mayor in making inquiries concerning the qualifications of applicants for appointments. If you have recently prepared a biography or resume, PLEASE ATTACH IT TO THIS FORM.

Complete both sides and return to: Mayor's Office, 555 South 10th Street, Lincoln NE 68508. FAX: 441-7120

PERSONAL INFORMATION

NAME (please type or print last name, first name, and middle initial)

Mr. Ms. Miss. Mrs.

Brown, Kevin A.

Legal Residence 1131 South 10th #3 Lincoln NE 68502 Lancaster
Street City State Zip County

Business Address Street City State Zip County

Residence Telephone (402) 438-4560 Business Telephone (402) 441-6224

Applicant Occupation Health Educator I Employer Health Department

To assist in the selection, you are asked to voluntarily provide information which is necessary for statistical reporting purposes. Under State and Federal Law, this information may not be used to discriminate against you.

Affirmative Action Information: Sex Male Female Racial/Ethnic Background African American

EDUCATION

Schools attended including High School

School	Location	Dates	Major/Degree
<u>Columbus High School</u>	<u>Columbus, MS</u>	<u>1991-1995</u>	
<u>East Mississippi Community College</u>	<u>Scotta, MS</u>	<u>1996-1998</u>	<u>Physical Education / AA</u>
<u>Hastings College</u>		<u>1998-2000</u>	<u>Health Promotion / BA</u>

PRESENT OR PREVIOUS COMMUNITY/VOLUNTEER ACTIVITIES

Co-Chair of Juneteenth
Lincoln Alumni Chapter President (October feast, Kappa Kluwe, Black male summit, Black male summit father & son fishing trip, Juneteenth)

EMPLOYMENT

Health Dept.
Employer

Lincoln, NE
Location

9/24/01 - Present
Dates

RECEIVED

NOV 19 2001

MAJOR OFFICE