

City of Lincoln Appointment Application

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. R. DAVID HUNTER

2720 SHERIDAN BLVD LINCOLN NE 68502 LANCASTER
Legal Residence Street City State Zip County

1023 LINCOLN MALL LINCOLN NE 68502 LANCASTER
Business Address Street City State Zip County

438-1889
Residence Telephone (402) ~~434-5020~~ Business Telephone (402) 434-5020

Applicant Occupation CEO - PRESIDENT Employer STATE TITLE SERVICES, INC.

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 CAUCASIAN

EDUCATION

Schools attended including High School

School	Location	Dates	Major/Degree
<u>SHAWNEE MISSION</u>	<u>NORTH H.S. MISSION, KS</u>	<u>1962</u>	
<u>UNIVERSITY OF MISSOURI</u>	<u>K.C. MO</u>	<u>1966</u>	<u>BS</u>

PRESENT OR PREVIOUS COMMUNITY/VOLUNTEER ACTIVITIES

EMPLOYMENT

Employer	Location	Dates
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