

# City of Lincoln Appointment Application

## PERSONAL INFORMATION

**Application Date:** 10/23/2014

**Salutation:** Mrs.      **Applicant Name:** Sweeney, Mary

**Legal Residence:** 3126 Colt Ave

**City/State/ZipCode:** Lincoln, NE 68507

**Residence Telephone:** (402) 202-0193

**Business Telephone:** (402) 202-0193

**Applicant Occupation:** Program Manager

**Employer:** Arbor Day Foundation

**E-mail Address:** msweeney@arborday.org

**Affirmative Action Information: Sex** Female

**Racial/Ethnic Background:** Caucasian/White

## EDUCATION

Nebraska Wesleyan University, 2000-2004, BA Communication, Minor in Spanish

ISA Certified Arborist - self-instructed

## PRESENT OR PREVIOUS COMMUNITY/VOLUNTEER ACTIVITIES

Religious education instructor at our church

## EMPLOYMENT

Arbor Day Foundation, Lincoln, NE 2008-Present

## Board(s) Requested

Community Forestry Advisory Board