EMPLOYMENT APPLICATION

CITY OF BREVARD
95 W Main St
Brevard, North Carolina 28712
http://www.cityofbrevard.com

Kerr, Jennifer
202200016 STATUTORY / CODE COMMITTEE MEMBER

Received: 1/18/24 11:26 AM
For Official Use Only:
QUAL:_____
DNQ:_____
☐Experience
☐Training
☐Other:_____

PERSONAL INFORMATION

POSITION TITLE: STATUTORY / CODE COMMITTEE MEMBER	EXAM ID#: 202200016
NAME: (Last, First, Middle) Kerr, Jennifer	SOCIAL SECURITY NUMBER: N/A
ADDRESS: (Street, City, State/Province, Zip/Postal Code) 89 Hillside Heights, Brevard, North Carolina 28712	EMAIL ADDRESS: JenniferKerrBSW@gmail.com
HOME PHONE: 828-243-6358 / ALTERNATE PHONE: 828-884-3464	NOTIFICATION PREFERENCE: Email

PREFERENCES

Nothing Entered For This Section

EDUCATION

Nothing Entered For This Section

WORK EXPERIENCE

Nothing Entered For This Section

CERTIFICATES AND LICENSES

Nothing Entered For This Section

Skills

Nothing Entered For This Section

ADDITIONAL INFORMATION

Nothing Entered For This Section

REFERENCES

Nothing Entered For This Section

Agency-Wide Questions

1. Are you a resident of the City of Brevard? A resident is defined as someone who lives in within the corporate city limits the majority of the year and claims the City of Brevard as their domicile for legal purposes.

   Yes

2. Please list your current place of employment and your occupation.

   Transylvania Habitat for Humanity

3. Please list any other appointed positions you currently hold in Brevard or Transylvania County. If none, please type "none or n/a"

   None

4. Why do you want to be a member of this Board and/or Committee?

5. How would your experience, education and/or occupation be a benefit to this board or committee and the City of Brevard?

   I have extensive experience working with low income families and individuals experiencing housing instability. Previously I was the Executive Director of the Haven Homeless Shelter working directly with BHA to transition families from homelessness to housed.

6. Please briefly describe any community involvement you have that may be related and beneficial for City Council to know as they evaluate applicants to serve on this Board and/or Committee.

7. Boards and Committees may meet in mornings, afternoons and or evening hours. What limitations do you have for attending meetings?

   None

Job Specific Supplemental Questions

1. Please select from the list below which Statutory / Code Committee and/or Committees you are interested in serving on.
   Brevard Housing Authority

Check One: ____ Initial Application

X Reappointment Application

CITY OF BREVARD
APPLICATION FOR BOARDS/COMMITTEES

RECEIVED 1/18/2024

The City Council invites all citizens of the City to participate in governmental decisions by serving as a member on an advisory board or committee. Boards and committees include:

- ABC Board of Directors • Board of Adjustment • Brevard Housing Authority Board of Directors
- City Council Downtown Master Plan Committee • City Council Parks, Trails and Recreation Committee
- City Council Public Works & Utilities Committee • Dangerous Dog Appellate Board
- Housing Trust Fund Selection Committee • Personnel Board • Planning and Zoning Board
- Terrell Scruggs Scholarship Committee • Western Carolina Community Action Board

Name of Board or Committee Interested In: Brevard Housing Authority Board of Directors
** List only one per Appointment Application form.*

Date January 17, 2024

Name Jennifer Kerr

Home Address 89 Hillside Heights

Phone (home) 828-243-6358 (work) 828-862-5117

Occupation Family Services Manager/Transylvania Habitat E-Mail JenniferKerrBSW@gmail.com

May you be contacted at work? Yes Do you live within the corporate City Limits? Yes

Please list other appointed positions you presently hold in Brevard or Transylvania County Government:

None

How would your experience, education and/or occupation be a benefit to this board or committee and the City of Brevard? (Use back of sheet if additional space is needed.)

I have extensive experience working with low income families and individuals experiencing housing instability. Previously I was the Executive Director of the Haven Homeless Shelter working directly with BHA to transition families from homelessness to housed.

**Please note: Upon appointment to a board/committee, the information contained in this application becomes a matter of public record per North Carolina General Statutes 132-1 and may be published or released. Your application will be kept on file for a period of two yours and then destroyed. You may reapply after that time period.*

Jennifer Kerr
Signature of Applicant

FOR CITY USE ONLY

COUNCIL ACTION: _____ DATE: _____

_____ NEW APPT _____ REAPPOINTMENT DATE APPT EXPIRES: _____

Please return this application to:
City of Brevard-Attn: Jill Murray, City Clerk
95 W. Main Street, Brevard NC 28712
Phone: 828-885-5614
Email: jill.murray@cityofbrevard.com