

APPLICATION FOR BOARDS, COMMISSIONS AND COMMITTEES
CHARLOTTE CITY COUNCIL

FULL NAME Frederick Bruce Hammermann

HOME ADDRESS 9819 GLASTONBURY CT, Charlotte, NC ZIP 28270

BUSINESS ADDRESS _____ ZIP _____

HOME PHONE (704) 846 6414 BUSINESS PHONE (704) 846 6415

FAX: 704 846 4730 E-MAIL: fbhammermann@gmail.com

DATE OF BIRTH 01-11-1943 CELL PHONE: 704 619 2475 COUNCIL DISTRICT 7

MALE FEMALE _____ BLACK _____ WHITE HISPANIC _____ NATIVE AMERICAN _____ ASIAN _____ OTHER _____

REGISTERED VOTER: YES NO _____ POLITICAL AFFILIATION: DEM/REP/INDEPENDENT/OTHER: REP

ALL APPLICANTS MUST BE REGISTERED TO VOTE IN MECKLENBURG COUNTY:

CURRENT EMPLOYER RETIRED FROM PROCTER & GAMBLE

TITLE _____ YEARS IN CURRENT POSITION _____

DUTIES REGIONAL S.E. MANAGER WITH People Responsibility AS WELL AS
Sales Responsibility

OTHER EMPLOYMENT HISTORY U.S. NAVY 34 years - came out AS LT. AM A
Viet Nam Veteran, 34 years with Procter & Gamble AS A Sales
MANAGER

COMMITTEE APPLYING FOR (List One) WASTE MANAGEMENT ADVISORY BOARD

YOU MAY ONLY SERVE ON TWO COUNCIL BOARDS. LIST BOARDS ON WHICH YOU CURRENTLY
SERVE. SERVED ON "Keep Charlotte Beautiful" for 6 years, last 3 AS chair. none now

WHY ARE YOU INTERESTED IN SERVING ON THIS BOARD/ COMMITTEE? I enjoyed working on
KCB board w/ both City Employees and with other volunteers. I will have the time
to evaluate additional waste to Ewelly facilities.

EDUCATION B.S. in Business Administration - Linfield College, Hiramville, OR

SPOUSE'S NAME MARION Hammermann SPOUSE'S EMPLOYER Homemaker AND Volunteer

SPOUSE'S TITLE Very Active in Assistance League of Charlotte

DO NOT SUBMIT RESUMES/ATTACHMENTS
APPLICANTS ARE REQUIRED TO BE REGISTERED VOTERS OF MECKLENBURG COUNTY
(over)

INTERESTS/SKILLS/AREAS OF EXPERTISE/PROFESSIONAL ORGANIZATIONS/ACTIVITIES

People skills and ability to work together with others. Will have the time to evaluate different options. Past President of Homeowners Assoc. and still am called on to help them make decisions.

AFFIRMATION OF ELIGIBILITY:

Has any formal charge of professional misconduct ever been sustained against you in any jurisdiction?

Yes _____ No If yes, explain complete disposition. _____

Have you ever been convicted of a criminal misdemeanor or felony in any jurisdiction?

Yes _____ No If yes, explain complete disposition. _____

Is there any possible conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the City Council?

Yes _____ No If yes, explain conflict. _____

I understand this application is public record, and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement will be cause for my removal from any board or committee. I understand that if I miss three consecutive regular meetings of this Board that I will be removed from this Board per City Council's policy. In addition, members are required to attend at least 50% of each meeting in order to be counted present. I also understand I'm required to attend 75% of all regular, special and assigned subcommittee meetings during the course of my term in order to be eligible for reappointment, but no less than 65% during any given calendar year to maintain my seat on this Board. This form will remain on file for one year at which time it must be updated; otherwise, it will be removed from the file.

PERSONAL CONTACT WITH A CITY COUNCIL MEMBER IS RECOMMENDED

RETURN COMPLETED FORM TO:
Jennee Peek
Office of the City Clerk
600 East Fourth Street
Charlotte, NC 28202-2857
Ph: 704-336-7494 Fax: 704-336-7588
jpeek@oci.charlotte.nc.us

Signature: *SB Hammerton*

Date: 02-04-2013

Invalid if Not Signed

THIS APPLICATION IS A PUBLIC DOCUMENT

CERTAIN COMMITTEES REQUIRE A STATE-WIDE CRIMINAL BACKGROUND CHECK Revised: 06/02/11

FOR OFFICE USE: BOARD OF ELECTIONS / / WEBSITE: _____ PHONE: _____ AFFILIATION _____