

## City of Richmond, Virginia Commission Application

(Please Print or Type) Name of Authority, Board, Commission or Task Force: Public Art Commission -Visual Artist seat Title: Mr. ✓ Mrs. ☐ Ms. ☐ Miss. ☐ Dr.  $\square$ Other: First Name: Francis Last Name: Thompson 1311 Dance Street Home Telephone: 804-943-7677 **Home Street Address:** Richmond, 23220-6116 Home City, Zip Code: Home Fax: francis.thompson@me.com Personal E-Mail Address: JLL (Jones Lang LaSalle) **Employer:** Art Program Project Manager Job Title: How Long? 1 year 15000 Capital One Drive, Attn: 12070-0120 Business Telephone: 804-263-5302 **Business Street Address:** Richmond, VA 23238 **Business City, Zip Code: Business Fax:** francis.thompson@capitalone.com **Business E-Mail Address:** Is your place of employment located in the city of Richmond? Yes  $\square$ No T Goochland If yes, which county? Is your place of employment located in the county? Yes No No If yes, which City Council district Central 5th 1ber of years? 4 Are you a city resident? Yes 🔽 No  $\square$ Do you or your employer have a contract, other than a contract of employment/either with the city of Richmond or with the entity to which you are seeking appointment? Yes  $\square$ No 🔽 If yes, please provide information on the nature of the contract. Please list your educational background and/or other expertise or qualifications you will bring to this authority, board, commission or task force: Please see attached resume.

NOTE: This application is a public document. Completed applications will remain on file for consideration for six (6) months at which time it must be updated.



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List other city of Richmond authorities, boards, commissions or task forces you currently or have previously served on. Please give date(s) and office(s) held, if applicable.				
Entity: Richmond City, Public Art Commission				_
-	Date(s) Served:	2014-2016	Office(s) Held:	─Vice-Chair
Entity:				
	Date(s) Served:		Office(s) Held:	
Entity:				
	Date(s) Served:		Office(s) Held: _	
Other community involvement:				
Please see attached resume for full list.				
OPTIONAL				
Please list additional information you would like considered, or you may attach your resume or other information.				
Check this box if your resume is attached.				
How did you hear about or who referred you to apply for appointment to this authority, board, commission or task force? This application is for the same seat I have held for a year.				
Signatu		(By signing, forwarding or o	thornica transmitting th	3/1/16 Date:
	info			its form, you certify that all ite to the best of your knowledge)

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