



Clerk of Commission

Commission, Authorities, & Boards Talent Bank Application

Title	Ms.		
First Name *	Porsha		
Middle Name *	Creshawn		
Last Name *	Beasley		
Suffix			
Date Of Birth *	6/20/1986		
Address *	<div>Street Address</div> 1527 Avalon Ave <div>Address Line 2</div> <div>City</div> Augusta <div>State / Province / Region</div> GA <div>Postal / Zip Code</div> 30909 <div>Country</div> United States		
Home Phone *	7069108158		
Work Phone			
Registered Voter *	<div><input type="radio"/> District 1</div> <div><input checked="" type="radio"/> District 3</div> <div><input type="radio"/> District 5</div> <div><input type="radio"/> District 7</div> <div><input type="radio"/> None</div> <div><input type="radio"/> District 2</div> <div><input type="radio"/> District 4</div> <div><input type="radio"/> District 6</div> <div><input type="radio"/> District 8</div>		
Marital Status *	Single		
Education *	College Degree		
Race *	Black		
Gender *	Female		
Occupation *	Real Estate Professional		
Interests	Real Estate, Development, Augusta Homeless Task Force,		

Commissions, Authorities, & Boards

Volunteer For *	Riverfront Development Review Board
	Click add below to apply for more than one board.

*

I currently have relatives working for the City of Augusta

☒ Yes

☐ No

*

I currently serve on an Augusta Board, Commission, or Authority

☐ Yes

☒ No

I would like to receive an email confirmation of my submission.

☒ Yes

☐ No

Email

Porsha@PCC2C.net