



BOARDS & COMMISSIONS APPLICATION

NEW APPOINTMENT

REQUEST FOR RE-APPOINTMENT:

SECTION A: APPLICANT INFORMATION

Name: _____

Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Occupation: _____ Employer: _____

Do you reside within the City limits of Manor? Yes No Length of residency: _____

Are you a registered voter? Yes No Voter registration number: _____

Emergency Contact: Name _____ Phone: _____

SECTION B: PLEASE INDICATE THE BOARD OR COMMISSION YOU ARE INTERESTED IN SERVING

____ Planning & Zoning Commission

____ Board of Adjustment

____ Ethics Commission

____ Charter Review Commission

SECTION C: ADDITIONAL INFORMATION

Do you currently serve on any other boards, commissions, or committees? Please list any below:

Are you involved in any community activities? Please list any below:



Have you attended one or more meetings of the Board/Commission for which you have applied?

Yes No

What do you hope to accomplish by serving on a board or commission? _____

What else would you like to tell us about yourself? _____

Please attach a résumé and a brief narrative outlining your interests and qualifications for seeking appointment.

SECTION D: DISCLAIMER AND SIGNATURE

Please return the completed form to City of Manor, City Secretary’s Office, 105 E. Eggleston St., Manor, Texas 78653, fax to (512) 272-8636, or e-mail to ltijerina@cityofmanor.org to be considered for appointment. Applications are kept on file for a period of one (1) year. After that time, it will be necessary to reapply and update the information herein if you wish to be considered for appointment.

By signing below, you certify that all information on this form is represented accurately. The applicant further authorizes the City Council, or its designee, to verify any information. The applicant agrees to release and hold harmless the City from all claims incident to the verification of information contained herein. All information provided is considered public pursuant to the Texas Public Information Act.

Signature: _____ Date: _____

SECTION E: OFFICE USE ONLY

Date Application Received: _____ Application Received by: _____

Position Appointed: _____ Date Appointed: _____

Term Starts: _____ Term Expires: _____