



It's real.

ADVISORY BOARDS & COMMISSIONS APPLICATION

Name: _____

Street Address: _____

City, State & Zip: _____

Phone Number: _____ Home _____ Business

E-mail: _____

Employer: _____

Occupation: _____

Business Address: _____

How long have you been a resident of Seguin? _____

Are you a qualified voter of the City? _____

Please give a brief resume, including education, past employment, any special background or qualifications you have for serving on this board/commission. Use attachments, if necessary.

Please state why you wish to serve the City of Seguin as a member of a board, commission, or committee. Use attachments, if necessary.

Do you currently serve on a City board or commission? _____ Yes _____ No

If yes, which board or commission? _____

How long? _____

Do you have any relatives who work for the City of Seguin? _____ Yes _____ No

If so, please list _____

Do you receive any direct compensation or gain from the City of Seguin? ___ Yes ___ No

If so, what type? _____

Do you receive any direct compensation or gain from any governmental body?

_____ Yes _____ No

If so, what type? _____

Do you or a family member (including spouse, parent, child, sibling or in-law) receive any direct compensation or gain from any business entity or contractor doing business with the City of Seguin? _____ Yes _____ No

If so, what type? _____

If selected by the Seguin City Council, on which boards/commission would you be willing to serve? Please be specific. This application will remain active for one-year, unless you are appointed to a board or commission. You must reapply, if you would like to be considered for another board or commission.

1. _____

2. _____

3. _____

SIGNATURE: _____ DATE: _____