

## City of Lufkin Civil Service Commission Membership Application

City Secretary's Office P.O. Drawer 190 Lufkin, TX 75902

NAME

## PLEASE TYPE OR PRINT CLEARLY

Please complete all fields below

Home Address:			
Business Address:			
Mailing Address for cor	respondence:		
Home Phone:	Business Phone:	Cell Phone:	Fax:
Email address:		Voter Registration Number: (optional)	
Length of time lived in Lufkin?		At this Address?	
Do you have any delind	quent taxes, utilities, or other assessme	nts owed to the City?	
Do you have any pendi	ng claims or litigation against the City?		
	Commission Requirements	& Qualification Statement	

Per Section 143 of the Texas Local Government Code, I understand in order to serve on the Civil Service Commission I must: be of good moral character; be a United States citizen; be a resident of the City of Lufkin for more than three (3) years; be over twenty-five (25) years of age; and have not held a public office within the preceding three (3) years.

Professional	Occupational/	Information
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Institution/School:       Diploma/Degree:       Year:         EMPLOYMENT:	EDUCATION:		
Employer: Position: Dates:   PROFESSIONAL LICENSES:	Institution/School:	Diploma/Degree:	Year:
Employer: Position: Dates:   PROFESSIONAL LICENSES:			
PROFESSIONAL LICENSES:	EMPLOYMENT:		
	Employer:	Position:	Dates:
PROFESSIONAL ASSOCIATIONS/ MEMBERSHIPS:	PROFESSIONAL LICENSES:		
PROFESSIONAL ASSOCIATIONS/ MEMBERSHIPS:			
PROFESSIONAL ASSOCIATIONS/ MEMBERSHIPS:			
	PROFESSIONAL ASSOCIATIONS/ MEMBERSHIPS:		
CIVIC / VOLUNTEER ORGANIZATIONS & ACTIVITIES:	CIVIC / VOLUNTEER ORGANIZATIONS & ACTIVITIES	S:	

Sign and return application

I understand that if I should be appointed to a board / commission or committee, I will be expected to participate actively in the business of the respective board / commission or committee. I also understand that I will be expected to become familiar with relevant City Ordinances and review all material relating to decisions to be made and that I may recuse only for cause.

I agree to adhere to the attendance requirements of said board / commission or committee.

I agree to contact the City Secretary's Office if there is any change in my information as submitted on this application.

I understand that should a situation arises during my term on said board/commission or committee where I have a prohibited substantial interest, either direct or indirect, and such matter comes before said board/commission or committee, I understand that I will need to recuse myself from any discussion or vote on the matter. I understand that should I become unable to serve due to issues related to my ability to adequately participate in board matters, my appointment may be terminated.

I have read, understand, and completed this application to the best of my ability.

PRINTED NAME: \_\_\_\_\_

SIGNATURE:

DATE: \_\_\_\_\_

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Ouestion	nairo
Question	

PLEASE TYPE OR PRINT CLEARLY.

1. Do you currently serve on any other City Boards/Commissions/Committees ? If yes, please list.

2. Why are you interested in serving on a City Board/Commission/Committee?

**3.** Do you feel you can commit the time to serve effectively should you be elected to serve?

4. What do you consider to be the top three (3) issues affecting the City of Lufkin?

5. What is your vision for the future for the City of Lufkin?

6. Briefly state your opinion about the overall mission and goals of the City of Lufkin.