



## Application for Council Vacancy

### CANDIDATE DATA SHEET

Date this Application Filed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
   mm      dd      yyyy

Please check  the box for the currently vacant council place you are applying:

- |  |  |
|--|--|
| <input type="checkbox"/> Mayor               | <input type="checkbox"/> Council Place No. 4 |
| <input type="checkbox"/> Council Place No. 1 | <input type="checkbox"/> Council Place No. 5 |
| <input type="checkbox"/> Council Place No. 2 | <input type="checkbox"/> Council Place No. 6 |
| <input type="checkbox"/> Council Place No. 3 | <input type="checkbox"/> Council Place No. 7 |

### MEMBER ELIGIBILITY

Applicant qualifications include the following:

- Must be a resident of the City of Pearsall for at least one (1) year; and
- Must be a registered voter; and
- Must be at least 21 years old on the date of appointment; and
- Must not be in arrears in payment of any taxes and/or liabilities due to the City; and
- Must reside within the City during his or her term of office.

**APPLICANTS FOR ALL PLACES** - Please answer the following questions:

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First Name	Int.	Last Name
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Home Address	City	St.	Zip Code
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Mailing Address	City	St.	Zip Code
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**Best Phone No. to reach you:** \_\_\_\_\_ (Home) (Cell) (Work) *circle one.*

**E-Mail Address:** \_\_\_\_\_

*Under the Texas Public Information Act, you may elect to have certain personal information withheld from public release. Please indicate if you wish to have this information withheld from a Public Information Request.*

\_\_\_\_\_ I do not wish to have my home address, home telephone number, personal cell phone number or personal e-mail provided as information in a public information request.

**Age** (Optional) \_\_\_\_\_ **Gender** (Optional) \_\_\_\_\_ **Race** (optional) \_\_\_\_\_

**Are you a U. S. Military Veteran?** Yes No *circle one*

Have you ever been convicted of a crime (other than a traffic violation)? Yes No circle one If yes, explain: \_\_\_\_\_

**Employment Status:** \_\_\_\_\_ Currently Employed \_\_\_\_\_ Currently Unemployed  
\_\_\_\_\_ Retired Disabled \_\_\_\_\_ Not member of Labor Force

If currently employed, employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

If self-employed, list occupation: \_\_\_\_\_ Position/Title: \_\_\_\_\_

If retired, previous occupation: \_\_\_\_\_ Position/Title: \_\_\_\_\_

**Educational Attainment:**

Please check X highest attained:

\_\_\_\_\_ GED \_\_\_\_\_ HS \_\_\_\_\_ Tech School \_\_\_\_\_ Jr. College \_\_\_\_\_ College (Bachelors)  
\_\_\_\_\_ College (Masters) \_\_\_\_\_ College (Doctorate) \_\_\_\_\_ College (Other) \_\_\_\_\_ Other

**Boards/Commissions/Committees/Council Services:**

Are you currently an *elected or appointed member* of any Boards/Commissions/Committees?

Yes No circle one If yes, please list: \_\_\_\_\_

Have you previously served as an elected official of **City of Pearsall City Council**?

Yes No circle one

If yes, please list years of service: \_\_\_\_\_

## Work and Life Experiences:

Please list any work experiences that would be applicable to your service on the City Council:

Please list any other special knowledge or experiences that would be applicable to your service on the City Council:

Please list any other volunteer experiences (Church, Civic, Youth, etc.):

## Other General Matters:

If appointed, can you attend any mandatory and/or training? Yes No *circle one*

Have you attended council meetings? Yes No *circle one*

Are you related to any currently elected member of the Pearsall City Council? Yes No *circle one*

If yes, state nature of relationship and name of Council Member: \_\_\_\_\_

Three (3) consecutive absences or more than twenty-five percent (25%) absences of meetings in any six-month (6) period can lead to removal.

**ALL APPLICANTS** - Please provide two (2) references with knowledge of your experiences, training and/or knowledge in regard to your Board preference:

1. Name: \_\_\_\_\_

Relation to candidate: \_\_\_\_\_

Contact Phone No.: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relation to candidate: \_\_\_\_\_

Contact Phone No.: \_\_\_\_\_

I hereby certify that the information given by me in this application is true and complete. I understand and agree that any false information or misrepresentation is sufficient grounds for disqualification. I understand and agree that all information provided in this application may be verified by the City of Pearsall.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN TO:**

**City of Pearsall**

**City Manager**

**215 S. Ash Street**

**Pearsall, Texas 78061**

**For City Use Only**

Application Received by City Employee: \_\_\_\_\_

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

Date Reviewed by City Manager: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signed: \_\_\_\_\_

Date Reviewed by Mayor: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signed: \_\_\_\_\_

**Disposition**

\_\_\_\_\_ **Recommended** \_\_\_\_\_ **Retain Application** \_\_\_\_\_ **Not Recommended**