



APPLICATION FOR APPOINTMENT TO THE CITY COUNCIL

(REQUIRES THE AFFIDAVIT OF QUALIFICATION, CAMPAIGN FINANCE LAWS STATEMENT)

For Office Use Only

Name: Address: Phone: Email:

Military Service: Yes No Branch Honorable Discharge: Yes No

Have you been known previously by another name? Yes No If yes, please provide name:

Do you have any relatives currently employed by the City of Benson? Yes No If yes, give department and name of relative

Do you currently have pending criminal charges, or have you ever been convicted of or pled guilty to a crime? Yes No If yes, please provide offense(s), date(s) and jurisdiction(s) for each conviction or guilty pleas.

1. Please state why you would like to serve.

2. What do you believe to be the key responsibility of this position?

3. Please state why you believe that a Councilmember can make a community better.

4. What personal and/or professional experience or background will be advantages to this appointment?

5. The Council has scheduled meetings every 2nd Monday of the month at 7:00 p.m., as well as Special meetings or Worksessions that may be called as needed. The meetings could last 2 or 3 hours. Will this be a hardship?

6. Councilmembers may be asked to participate in sub-committees that meet other than the regularly scheduled meeting time. Will you be able to participate?

List any Professional, trade, business, or civic activities and offices held. *You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.*

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at an appointment decision by the City Council.

In the event of appointment,

- I understand that false or misleading information given in my application may result in my being excused from the Council.
- I understand that attendance is important, and I will strive to attend all meetings and that continual absences will result in my being removed from the Council.
- I understand that I am required to abide by all Arizona and City of Benson Statutes and Regulations adopted by these governing organizations.
- I understand that this application is subject to the Arizona Open Records law and should not be considered confidential.

Signature of Applicant

Date

Office Use Only

Appointment Date: _____

Term of Position: _____

Date of Term End: _____

Notification by: _____