

# CITY OF PILOT POINT

## APPLICATION FOR COUNCIL APPOINTMENT TO THE CITY COUNCIL

### GENERAL INFORMATION

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The “City Council” or “Council” shall be composed of a Mayor and six (6) “Councilmembers” elected under the Place System, with there being Places 1, 2, 3, 4, 5, and 6. The Mayor and each of the six (6) Councilmembers shall be elected at-large, and unless removed sooner under the provisions of this Charter, shall serve for a term of three (3) years and until their successors have been elected and qualified. All of the City Council holding office at the time of passage of this Charter shall continue to hold their respective office until the respective term for which they were elected expires.

#### Sec. 3.03 Qualifications

(A) Candidates for elective City offices shall file for office in accordance with the Texas Election Code.

(B) Candidates for elective City offices shall meet the following qualifications:

(1) Shall provide proof of being a United States Citizen and being at least eighteen (18) years of age at the time of the election for which they are filing;

(2) Shall meet all requirements to be a qualified voter set forth in the Texas Election Code at the time of the election for which they are filing;

(3) Shall have resided within the corporate limits of the City, or recently annexed territory, for at least twelve (12) months prior to the filing date;

# CITY OF PILOT POINT

## APPLICATION FOR COUNCIL APPOINTMENT TO THE CITY COUNCIL

**RETURN TO:**

**City Secretary  
City of Pilot Point  
102 East Main St.  
Pilot Point, Tx  
76258**

This application is to fill a vacancy on the Pilot Point City Council for a term to expire in May 2021. This application is a public document. It may be reviewed by any member of the public upon request. Only Pilot Point registered voters who have submitted a complete application by the deadline will be considered for appointment.

**APPLICANT INFORMATION**

NAME (LAST, FIRST, MIDDLE)			
ADDRESS			ZIP
PHONE	HOME ( )	BUSINESS ( )	
E-MAIL ADDRESS			
NUMBER OF YEARS Pilot Point RESIDENT		REGISTERED VOTER    YES <input type="checkbox"/> NO <input type="checkbox"/>	

**CANDIDATE STATEMENT OF QUALIFICATIONS (200 words or less)**

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**PERSONAL INFORMATION**

Please state the reasons you are interested in serving on the City Council. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your vision for Pilot Point? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you believe are the key issues facing the community? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had previous public service experience on a commission or public body? If so, indicate the public agency, title of position and duties. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What additional information would you like us to know to better assess your suitability to serve on the City Council? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION/TRAINING/SPECIAL QUALIFICATIONS

College/University/Trade School or Special Training	Course of Study/Major	Types of Degree or Certificate

Certificates of Training, Licenses, or Professional Registration (include date issued and registration number if applicable): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe any job related skills, knowledge or special training you may possess.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## EMPLOYMENT HISTORY/WORK EXPERIENCE

Present or Most Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street*
*City*
*State*
*Zip Code*

Exact Title of Position: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Supervisor Name/Title/Phone Number: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street*
*City*
*State*
*Zip Code*

Exact Title of Position: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Supervisor Name/Title/Phone Number: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**VERIFICATION**

To be appointed to the City Council, applicants must be 18 years of age, a citizen of the United States and a registered voter residing within the City limits.

I affirm that the foregoing information is true and correct.

DATE:

PRINT NAME:

SIGNATURE: