



APPLICATION FOR APPOINTMENT TO BOARD/COMMISSION

NAME OF BOARD/COMMISSION THAT YOU ARE INTERESTED IN: _____

PLEASE PROVIDE ANY SPECIFIC REQUIRED POSITION OR QUALIFICATIONS YOU POSSESS THAT MAY QUALIFY YOU FOR MEMBERSHIP OF THIS BOARD/COMMISSION (YOU MAY ATTACH A RESUME): _____

NAME (PLEASE PRINT): _____
(LAST) (FIRST) (MIDDLE)

HOME STREET/MAILING ADDRESS: _____
(ZIP)

PREFERRED PHONE: _____ CELL PHONE: _____

OCCUPATION/POSITION: _____ BUSINESS CONTACT PHONE: _____
(IF RETIRED, PLEASE INDICATE FORMER OCCUPATION)

E-MAIL ADDRESS: _____ FAX NUMBER: _____

ARE YOU A RESIDENT OF THE CITY OF NEW BRAUNFELS?

YES NO

IF NO, ARE YOU A RESIDENT OF THE CITY'S EXTRA TERRITORIAL JURISDICTION (ETJ)?

YES NO N/A

HAVE YOU PARTICIPATED IN CITY UNIVERSITY? YES NO IF YES, WHEN? _____

ARE YOU CURRENTLY OR HAVE YOU EVER SERVED ON ANY CITY BOARD OR COMMISSION? YES NO

IF YES, PLEASE LIST EACH BOARD AND DATES OF MEMBERSHIP – ADDITIONAL SHEETS MAY BE ADDED, IF NEEDED.

DO YOU HAVE A BUSINESS ASSOCIATION WITH ANY MEMBER OF THE BOARD FOR WHICH YOU ARE APPLYING? IF SO, PLEASE DESCRIBE:

DO YOU HAVE ANY RELATIVES THAT WORK FOR THE CITY OF NEW BRAUNFELS? YES NO

IF YES, LIST THEIR NAME AND POSITION: _____

PLEASE NOTE THAT THIS APPLICATION IS ONLY VALID FOR THE VACANCIES FOR WHICH YOU ARE APPLYING. IF YOU WISH TO APPLY FOR VACANCIES IN THE FUTURE, YOU WILL NEED TO FILE A NEW APPLICATION AT THAT TIME.

SIGNATURE: _____ DATE: _____