



APPLICATION FOR APPOINTMENT TO BOND ADVISORY COMMITTEE

NAME OF BOARD/COMMISSION THAT YOU ARE INTERESTED IN: BOND ADVISORY COMMITTEE

PLEASE PROVIDE ANY SPECIFIC REQUIRED POSITION OR QUALIFICATIONS YOU POSSESS THAT MAY QUALIFY YOU FOR MEMBERSHIP OF THIS COMMITTEE (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? BIRTH DATE: _____
 YES NO

IF NO, DO YOU OWN PROPERTY WITHIN THE CITY OF NEW BRAUNFELS? ADDRESS OF PROPERTY: _____
 YES NO

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 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. I FURTHER UNDERSTAND THAT THE CITY OF NEW BRAUNFELS MAY CONDUCT A THOROUGH BACKGROUND INVESTIGATION.

SIGNATURE: _____ DATE: _____

