



## APPLICATION FOR APPOINTMENT TO FILL WEAVERVILLE MAYOR/TOWN COUNCIL VACANCY

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street Address Apt/Suite

\_\_\_\_\_  
City State Zip Code

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Years in Position: \_\_\_\_\_ Job Title: \_\_\_\_\_

Do you reside in the town limits of Weaverville?  YES  NO

Length of Residency \_\_\_\_\_

Are you a registered voter in the Town of Weaverville?  YES  NO

Why do you want to serve on the Town Council? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why do you think that you would be an asset to the Town Council? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Affirmation of Eligibility**

Have any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction?  YES  NO If yes, please explain disposition: \_\_\_\_\_

Are there any conflict of interest or other matter(s) that would create problems or prevent you from fairly and impartially discharging your duties as a member of the Town Council?

YES  NO If yes, please explain: \_\_\_\_\_

Are you currently serving on any other Board/Commission/Committee?  YES  NO

Local Government: \_\_\_\_\_

Board/Commission/Committee: \_\_\_\_\_

Date Appointed: \_\_\_\_\_ Term Expiration: \_\_\_\_\_

Do you have prior experience with a Local Government Agency?

YES  NO If yes, please explain: \_\_\_\_\_

I understand that this application is public record and I certify that the facts contained in this application are true and correct to the best of my knowledge.

I understand that regular attendance at Council meetings is essential to conscientious representation of the residents of the District and the Town of Weaverville, and that should I be appointed to Council, I will be responsible for representing the best interest of the residents of my District as well as all the residents of the Town of Weaverville.

I understand that should I be appointed to Council, full disclosure of conflicts of interest and potential financial gain from any matter brought before Council must take place prior to any discussion or vote, and that when deemed appropriate, I must rescues myself from discussion and action taken by Council.

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

Return completed form to:

Town of Weaverville

Attn: Town Clerk

Town Hall, 30 South Main Street

Weaverville, NC 28787

Phone: 828-645-7116 Fax: 828-645-4776