

FOR OFFICE USE ONLY				
Date Received	Time	Registered to Vote in Henderson Co	District	Date Appointed



## Application for Appointment to Town Council District Two

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Current Employer \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Duties \_\_\_\_\_

Other associated employment history \_\_\_\_\_

Do you reside within the town limits of Mills River? Yes \_\_\_\_\_ No \_\_\_\_\_ Length of Residency \_\_\_\_\_

Are you registered to vote in Henderson County? Yes \_\_\_\_\_ No \_\_\_\_\_

Which Mills River Council District do you reside in? \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3

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

Why do you think you would be an asset to this Council? \_\_\_\_\_  
\_\_\_\_\_

Are you presently serving on a Board/Commission/Committee for Mills River? \_\_\_\_\_  
\_\_\_\_\_

Interests/ Skills/ Areas of Expertise: \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Affirmation of Eligibility**

Has 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 Board /Commission/Committee or similar group in another municipality or County? No \_\_\_\_\_ Yes \_\_\_\_\_

Local Government \_\_\_\_\_ Board/Commission/Committee \_\_\_\_\_

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

Do you have any prior experience with a Local Government or a public agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

*I understand 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 my District and the Town of Mills River, 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 residents of the Town of Mills River.*

*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 recuse myself from discussion and action taken by Council.*

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

Date \_\_\_\_\_

**Return completed form to:**

Town of Mills River  
Attn: Council Applications  
124 Town Center Dr  
Mills River, NC 28759  
Phone: 890-2901 Fax: 890-2903