

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



Application for Appointment to Town Council

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