



Application for Service

City of Weslaco Boards and Committees

Name of Applicant:		Telephone Number:	
E-Mail Address:		Alternate Phone Number (work/cell):	
Home Address:		<input type="checkbox"/> Inside City Limits <input type="checkbox"/> Outside City Limits	
City:	State:	Zip Code:	
How many years have you lived at this residence?		Do you own this house? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
Preference for consideration, naming committees on which you desire to serve:			
1.)			
2.)			
3.)			
List of Civic Involvement and Business Experience:			
Have you been bonded or eligible to obtain one? <input type="checkbox"/> Yes or <input type="checkbox"/> No		Have you sued the City? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
Are you related to any member of the Commission? <input type="checkbox"/> Yes or <input type="checkbox"/> No		If so, who and how?	
Have you previously served on a City board? <input type="checkbox"/> Yes or <input type="checkbox"/> No		If so, which and when?	
Have you ever been elected to public office? <input type="checkbox"/> Yes or <input type="checkbox"/> No		If so, which and when?	
Do you consent to release this info to the public? <input type="checkbox"/> Yes or <input type="checkbox"/> No		Are you age 25 or older? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
Do you certify the truthfulness of these statements and agree to the nepotism and attendance policies? <input type="checkbox"/> Yes or <input type="checkbox"/> No		Timestamp of Receipt:	
Applicant's Signature:			
Optional Demographic Information: Self Identification			
Gender:			
Age:			
Race:			
Religion:			
Citizenship:			