



CITY OF BELLS, TEXAS
Boards, Commissions and
Committees Application

Please print or type answers to all questions. Write N/A if not applicable.

Public service opportunities are offered by the City of Bells without regard to race, color, national origin, religion, sex or disability. To be eligible for appointment to a Board, Commission or Committee, a candidate must be a qualified voter in Bells and a resident of Bells and/or Grayson County for one year prior to filing.

Please select one Board, Commission or Committee and one Alternate Board, Commission or Committee. (Please note: You may only list those boards/commissions/committees that we currently have vacancies for.)

Board, Commission or Committee \_\_\_\_\_

Alternate Board, Commission or Committee \_\_\_\_\_

1. Applicant Name: \_\_\_\_\_
First M.I. Last

2. Home address: \_\_\_\_\_,
Mailing Address (if different from home address) \_\_\_\_\_

3. Telephone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

4. Primary Email address (this is our main source of contact to you) \_\_\_\_\_
Preferred method of contact: \_\_\_\_\_

5. Do you currently reside in Bells? Yes [ ] No [ ]

6. How long have you been a resident of Bells? \_\_\_\_\_

7. Are you eligible to vote in Bells (see criteria below) Yes [ ] No [ ]

- Be a U.S. Citizen
• Be a resident of the City of Bells/Grayson County
• Be 18 years old
• Not a convicted Felon (unless a person's sentence is completed; including any probation or parole)
• Not declared mentally incapacitated by a court of law.

8. Are you currently serving on a City of Bells Board, Commission or Committee? Yes [ ] No [ ]
If yes, which one? \_\_\_\_\_ Term expires: \_\_\_\_\_

9. Have you ever served on a City of Bells Board, Commission or Committee? Yes [ ] No [ ]
If yes, list name of Board, Commission or Committee and term of office:
\_\_\_\_\_

10. Do you have any relatives or members of your household serving as an elected or appointed official of the City of Bells? Yes  No

If yes, please list names and relationships: \_\_\_\_\_

11. Are any relatives of your household employed by the City of Bells? Yes  No

12. Please read the Duties and Authority before answering these questions:

- a. Do you understand the term length for the position you have applied for and the attendance policy for members? Yes  No
- b. Do you understand that it is very important that you attend all regular meetings of the board, commission or committee you have applied for and the importance of completion of your term?  
Yes  No

***Any member of a board, commission or committee who is absent from three (3) consecutive regular meetings, or twenty-five (25) percent of regularly scheduled meetings during the twelve-month (12-month) period immediately preceding and including the absence in question, without explanation acceptable or a majority of the other members shall forfeit his or position on the board, commission, or committee.***

13. Do you have any physical or mental constraints which may limit your ability to perform the duties of a board member or commissioner? Yes  No

If yes, what can be done to accommodate these constraints? \_\_\_\_\_

Pursuant to the Americans with Disabilities Act, the City of Bells will make reasonable efforts to accommodate persons with qualified disabilities during the Board, Commissions and Committees interview process. If you require special accommodation, please contact the Office of the City secretary at least five (5) days in advance of any scheduled interview.

14. List any relative educations, training or experience: \_\_\_\_\_

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

15. List your current or last employer:

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

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

Date(s) of employment: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Job Duties: \_\_\_\_\_

I certify that all statements that I have made on this application and other supplementary materials are true and correct. I hereby authorize the City of Bells to investigate the accuracy of this information from any person or organization, and I release the City of Bells and all persons and organizations from all claims and liabilities arising from such investigation or the supplying of information for such investigation. I acknowledge that any false statement of misrepresentation on this application or supplementary materials will be cause for refusal of appointment or immediate dismissal at any time during the period of my appointment.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**CITY OF BELLS** §  
**STATE OF TEXAS** §  
**COUNTY OF GRAYSON** §

Before me, the undersigned authority, on this day personally appeared:

\_\_\_\_\_, who, after

being duly sworn, on His/Her oath stated as follows:

“My name is \_\_\_\_\_. I am eighteen (18) years of age or older. I have never been convicted of a felony and I am in all things competent to make this Affidavit. The statements contained in this Affidavit are true and correct and are based upon my personal knowledge.

1. I was born in \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/20\_\_\_\_.
2. My residential address is \_\_\_\_\_.
3. My mailing address is (if different from residential address) \_\_\_\_\_.
4. My Driver’s License No. or Person ID No. \_\_\_\_\_.
5. I currently reside within the city limits of the City of Bells, Texas and have been residing within the city limits of the City of Bells, Texas since \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME by the said \_\_\_\_\_

\_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the State of Texas