

**APPLICATION FOR VACANCY APPOINTMENT
CITY OF GHOLSON, TEXAS**

(General Law Type A City)

This application is to be completed by individuals seeking appointments to fill vacant elected positions for the City of Gholson, Texas, for the remainder of the unexpired term. The information requested mirrors, to the extent applicable, the requirements of an Application for a Place on the Ballot and is used to determine eligibility for appointment under Texas law.

Please complete all sections fully and truthfully. Attach additional pages if necessary.

1. Applicant Information

Full Legal Name: _____

Date of Birth: _____

Current Residential Address (No P.O. Box):

Mailing Address (if different):

City: _____ State: _____ ZIP: _____

Primary Phone Number: _____

Email Address: _____

2. Residency and Voter Registration

Length of continuous residence in the City of Gholson: _____

Are you a registered voter? Yes No

County of voter registration: _____

Voter Registration Number: _____

Do you currently reside within the incorporated city limits of Gholson? Yes No

3. Eligibility for Office

Are you at least 18 years of age? Yes No

Are you a citizen of the United States? Yes No

Have you been determined mentally incapacitated by a final judgment of a court? Yes No

Have you been finally convicted of a felony? Yes No

If yes, has the conviction been pardoned, set aside, or otherwise resolved such that you are eligible to hold office? Yes No

4. Conflicts of Interest and Incompatibility

Do you currently hold any other public office? Yes No

If yes, list office and term: _____

Are you employed by the City of Gholson? Yes No

Do you have any contracts, employment, or business relationships that could constitute a conflict of interest under Texas law? Yes No

If yes, please explain:

5. Statement of Interest and Qualifications

Please briefly describe your interest in serving as Mayor and any experience, qualifications, or skills you believe are relevant to this position (attach additional pages if needed):

Applicant Signature: _____ Date: _____

Printed Name: _____

For City Use Only

Date Application Received: _____

Eligibility Verified By: _____

Date Verified: _____

Council Action Date: _____

Appointment Approved: Yes No