



# APPLICATION FOR CHARTER REVIEW COMMITTEE

(Answer all questions. Please print.)

808 Hwy 77A South  
Phone (361) 293-6321

P.O. Box 738

Yoakum, TX. 77995

Fax (361) 293-3318

It is the policy of the City of Yoakum to provide equal employment opportunities to all qualified persons without regard to race, age, color, sex, religion, national origin, marital status, or any other legally protected status. Requests for accommodations for interpretive services may be made by contacting the City Clerk's Office at the number listed above.

This application is current for ONLY the position applied for. After this position is filled, and if you wish to be considered for another position, it will be necessary for you to fill out a new application.

POSITION(S) APPLIED FOR: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

NAME: \_\_\_\_\_ VOTER REGISTRATION NO.: \_\_\_\_\_  
(Last, First, Middle)

ADDRESS: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Street, City, State, Zip)

HOME PHONE: \_\_\_\_\_ Cell PHONE: \_\_\_\_\_

Are you related to any current employee or elected official of the City? Yes No

If YES, indicate name and relationship: \_\_\_\_\_

Have you lived within the corporate City limits of Yoakum for at least 6 months? Yes No

Are you 21 years of age or older? Yes No

Are you available for monthly meeting? Yes No Mon Tues Wed Thur Fri Sat  
If yes, what days of the week are most convenient for you to meet?

May we contact your present employer? Yes No

Have you ever been convicted of a felony? Yes No

If YES, please explain: \_\_\_\_\_

Have you served in the U.S. military? Yes No Date Entered \_\_\_\_\_ to \_\_\_\_\_

Nature of duties: \_\_\_\_\_

Texas ID : \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Type Number

### EDUCATION:

Name of school & location: \_\_\_\_\_

Date Graduated: \_\_\_\_\_ or, Completed GED Yes No

College Attended: \_\_\_\_\_ Year Completed: \_\_\_\_\_ Degree: \_\_\_\_\_

Business or Technical School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

List any additional information you would like considered: \_\_\_\_\_

### WORK EXPERIENCE (start with your present position):

1) FIRM: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMPLOYED FROM: \_\_\_\_\_ to \_\_\_\_\_ TITLE: \_\_\_\_\_  
DUTIES: \_\_\_\_\_

2) FIRM: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMPLOYED FROM: \_\_\_\_\_ to \_\_\_\_\_ TITLE: \_\_\_\_\_  
DUTIES: \_\_\_\_\_

3) FIRM: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMPLOYED FROM: \_\_\_\_\_ to \_\_\_\_\_ TITLE: \_\_\_\_\_  
DUTIES: \_\_\_\_\_

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I certify that my statements in this application are true, complete, and correct to the best of my knowledge. I understand that if I am selected as a committee member, false statements or omission of information shall be sufficient cause for my dismissal. I also agree that ALL statements made on this application may be investigated with my full permission.

I hereby authorize any person holding information on me to release it to the City of Yoakum if requested in consideration of my application for appointment to the committee. I understand and agree that the City will not be liable and I agree to hold harmless the City of Yoakum from any claim for any damage which may result from furnishing the information requested above.

I understand and agree that the person, firm, or company furnishing information will not be liable, and I will hold them harmless for any factual information provided.

I understand that appointment to the Charter Review Committee for the City of Yoakum is for a 1-year term. Appointment to the 2024 Charter Review Committee does not guarantee appointment to future Charter Review Committees. Charter Review Committee members serve at the pleasure of the Council and may be removed by the Council. The Yoakum City Council shall consider an individual's experience, accomplishments, and educational background in appointing members to the Committee to ensure that the interests and concerns of all segments of the community are considered. Any committee member may be removed from committee membership by the Council, whenever in their judgment the best interests of the community would be served by such removal.

Date: \_\_\_\_\_

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