RED OAK, TEXAS

CITY OF RED OAK
BOARD AND COMMISSION APPLICATION

BOARD/COMMISSION POSITION APPLIED FOR _____

Name:_____

Home Address:_____ Home Phone:_____

Email Address:_____ Cell Phone:_____

Number of years as a Red Oak resident:_____ City Limits? Yes( ) No( )

List previous address if at current address less than 12 months:_____

_____

Employer:_____ Business Phone:_____

Occupation:_____ Business Email:_____

Previous Board of Committee Experience:_____

_____

_____

Brief statement as to why you would like to be appointed to a Board or Commission:_____

_____

Recognizing that serving on a Board or Commission is often time consuming, and that most meet on a monthly basis, are you committed to attending all regularly scheduled meetings?_____

Applicant's Signature:_____ Date:_____

Please return completed applications to the office of the City Secretary:
Mail: City Secretary, 101 S. Live Oak Street, Red Oak, Texas 75154
or by Email: citysecretary@redoaktx.org

FOR OFFICE USE ONLY

Application received:_____ New Applicant: Yes ( ) No ( ) Reappointment: Yes ( ) No ( )

Applicant interviewed by Board:_____ Interviewed by Council:_____ Appointed by Council:_____

Term Expires:_____ No appointment at this time, retain application for 1 year:_____

Statement of Oath completed and filed:_____ Open Meetings/Public Information Training completed:_____

RED OAK, TEXAS
Building Our Future From Our Heritage

PUBLIC ACCESS OPTION FORM

TEXAS GOVERNMENT CODE SECTION 552.024

The Public Information Act allows employees, public officials and former employees and officials to elect whether to keep certain information about them confidential. Unless you choose to keep it confidential, the following information about you may be subject to public release if requested under the Texas Public Information Act. Therefore, please indicate whether you wish to allow public release of the following information.

Do you give permission for public access to: **(Please indicate by placing an "X" in appropriate box)**	**NO**	**YES**
Home Address		
Home Telephone Number		
Cellular Phone Number		
Social Security Number		
Emergency Contact Information		
Information that reveals whether you have family members		

PRINTED NAME: _____

SIGNATURE: _____ Date: _____

[Note: This form should be completed and signed by the employee no later than the 14th day after the date the employee begins employment, the public official is elected or appointed, or a former employee or official ends employment or service.]