## TOWN OF HUACHUCA CITY APPLICATION FOR TOWN COUNCIL VACANCY RESUME AND AFFIDAVIT

Submit application by: October 15<sup>th</sup>, 2019 – 5:00pm Submit application to: Town Clerk's Office 500 N. Gonzales Blvd., Huachuca City, AZ 85616 Dear Members of Town Council: I would respectfully request that you give, (my name) \_\_\_\_\_\_ consideration in making the appointment to fill the Council seat vacated by Walter Welsch, the term of which expires in November of 2020. The following facts are submitted for your consideration (if necessary, applicant may attach additional pages): I. Previous Employment or Business Ownership: Employer Job Title Dates II. Civic Participation: Clubs/Organization Office Held Dates

III. Please answer the questions below:	
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. What are your interests or concerns relating to the Town of Huachuca City?	
what are your interests or concerns relating to the rown or materiated city:	
Describe very leadouble style	
Describe your leadership style.	
C. Explain your understanding of the role of a Council Member.	

How would you characterize your communication style, both formal ar	nd informal?
Tell us about your volunteer activities and community involvement.	
Describe any initiatives you would like to institute.	
Describe any additional areas of expertise or experiences/project invol	vement you have/had that are
evant to this office.	

what would it be?	positive difference for our citizens and visitors,
IV. Other information:	
——————————————————————————————————————	
Signature of Applicant Email Address	
State of Arizona	
County of Cochise	
I <u>,</u>	, being first duly sworn, upon my oath and say:
I do hereby certify that I am a qualified elector of the I	
hold no other public office for which I receive compen	

boundaries for at least one (1) year next preceding the date of this affidavit, and am presently residing		
at	; that I am over the age of eighteen (18)	
years.		
Signature of Applicant Date		
Subscribed and sworn to (affirmed) before me this	day of ,	
Notary's Signature My Commission Expires (Seal)		