

Application for Appointment – Spruce Pine Town Council

Name:			
Address:			
Phone number: (Home)	(Work)		(Cell)
E-mail Address:	Fax		
Current Employer			
Job Title:	Years in Current Position		
Duties			
Other associated employment history			
Do you reside within the city limits of Spruce Pines	? Yes	No	Length of Residency
Are you registered to vote in Mitchell County?	Yes	No	
Highest Level of Education Completed (Circle) High School/GED Associate's Degree Bachelor' Why do you want to serve on Council? If selected,	-	-	
What do you think the role of the Spruce Pine Tow	vn Council shou	ıld be?	
List any board/commission/committee for the Tow	n of Spruce Pir	ne that you ha	ave served on and dates of service
As an individual, list any recent activities that have	e benefitted the	citizens of th	ne Town of Spruce Pine.

Interests/ Skills/ Areas of Ex	expertise:	
Comments:		
Affirmation of Eligibili	_	
Yes No If y	rofessional misconduct, criminal misdemean yes, please explain disposition:	
Are there any conflict of inte impartially discharging you	erest or other matter(s) that would create par duties as a member of the Town Council?	roblems or prevent you from fairly and Yes No
true and correct to the best of I understand that re	gular attendance at Council meetings is esser	ntial to conscientious representation
	of Spruce Pine, and that should I be appointe the best interest of all residents of the Town o	
financial gain from any mat	ould I be appointed to Council, full disclosur ter brought before Council must take place p te, I must recuse myself from discussion and	rior to any discussion or vote, and
Signature:		Date
Return completed form	to:	
Mail: Town of Spruce Pine Attn: Council Application P.O. Box 189 Spruce Pine, N.C. 28777	Email:manager@sprucepine-nc.gov	Drop Off: Spruce Pine Town Hall
Phone: 828-765-3000	Fax: 828-765-3014	