



**APPLICATION FOR GASTONIA CITY COUNCIL 2024
WARD 1**

NOTE: YOU MUST LIVE IN WARD 1 TO APPLY FOR THE REMAINDER OF THE TERM. YOU MAY CHECK YOUR HOME ADDRESS AT:

<https://residentialinfosearch.cityofgastonia.com/default.htm>

FULL NAME _____

HOME ADDRESS _____ **ZIP** _____

BUSINESS ADDRESS _____ **ZIP** _____

CELL PHONE () _____ **BUSINESS PHONE ()** _____

EMAIL _____

DATE OF BIRTH _____

CURRENT EMPLOYER _____

JOB TITLE _____

YEARS IN CURRENT POSITION _____

JOB DUTIES _____

OTHER EMPLOYMENT HISTORY _____

WHY ARE YOU INTERESTED IN SERVING ON CITY COUNCIL? _____

WHAT OTHER APPOINTMENT OR ELECTED POSITIONS HAVE YOU SERVED?

ARE YOU A RESIDENT OF WARD I?* _____

ARE YOU A REGISTERED VOTER? _____

DID YOU VOTE IN THE LAST MUNICIPAL ELECTION? (2023) _____

EDUCATION _____

SPOUSE'S NAME _____

SPOUSE'S EMPLOYER _____

SPOUSE'S TITLE _____

**INTERESTS / SKILLS / AREAS OF EXPERTISE /
PROFESSIONAL ORGANIZATIONS / ACTIVITIES**

AFFIRMATION OF ELIGIBILITY:

Has any formal charge of professional misconduct ever been sustained against you in any jurisdiction?

Yes _____ No _____ If yes, explain complete disposition. _____

Have you ever been convicted of a criminal misdemeanor or felony in any jurisdiction?

Yes _____ No _____ If yes, explain complete disposition. _____

Are there any possible conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as a member of the City Council?

Yes _____ No _____ If yes, explain conflict. _____

I understand this application is a public record, and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation.

Signature: _____

Date: _____

(Invalid if Not Signed)

RETURN COMPLETED FORM TO:

**City Clerk's Office
P.O. Box 1748
Gastonia, NC 28053-1748**

Or

Suzanne.Gibbs@gastonianc.gov

THIS APPLICATION IS A PUBLIC DOCUMENT