



APPLICATION FOR TEMPORARY APPOINTMENT TO THE PORTLAND CITY COUNCIL

TO: Mayor and Portland City Council

I request consideration for appointment as a temporary member of the Portland City Council.

PLEASE COMPLETE APPLICATION AND RELEASE OF AUTHORIZATION FOR PUBLIC RECORDS, ATTACH A RESUME AND A WRITTEN STATEMENT OF QUALIFICATIONS.

FULL NAME (First, Middle, Last)

PERMANENT RESIDENCE ADDRESS (STREET address and apartment number CITY, STATE, ZIP)

MAILING ADDRESS (If different from residence address) CITY, STATE, ZIP

OCCUPATION (Do not leave blank)

DATE OF BIRTH

VOTER REGISTRATION NUMBER

EMAIL ADDRESS

TELEPHONE NUMBER

CELL PHONE

Length of time as a continuous resident as of the date of this application (Years/Months)

IN STATE

IN PORTLAND

___/___

___/___

CERTIFICATION

Before me, the undersigned, on this day personally appeared who being duly sworn, upon oath says: "I, being a candidate for the office of Temporary Portland City Council Member, swear that I am and have been a resident of the City of Portland, Texas for at least twelve (12) months, and that I am a citizen of the United States eligible to hold such office under the Constitution and laws of this State. I have not been finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other official action. I have not been found by a court of competent jurisdiction to be mentally incapacitated or without the right to vote. I am aware of the nepotism law, Chapter 573, Texas Government Code.

I further swear that the statements I have made in the foregoing application and the information contained in any attached documents are true and correct.”

SIGNATURE OF APPLICANT

Sworn to and subscribed before me on this the _____ day of _____, 2021.

SEAL

NOTARY PUBLIC FOR THE STATE OF TEXAS

Received by the City of Portland

_____ Date

_____ Time

CITY SECRETARY

Section 2.04. - Qualifications and Eligibility.

Each member of the council shall be a United States citizen, twenty-one (21) years of age or older, a qualified voter of the State of Texas, and have resided continuously in the State of Texas for twelve (12) months and in the city for twelve (12) months; provided, further, that no council member shall be otherwise ineligible for office under the laws of Texas. An affidavit of eligibility meeting the requirements of applicable state law shall be submitted at the time of filing by any person filing for the office of mayor or council member.

In determining whether a person has complied with the twelve (12) months' city residency requirement, residence in an area while the area was not part of Portland shall be treated as residence within Portland if such area was annexed by Portland less than twelve (12) months prior to the council election for which a person seeks to qualify for office.

If any member of the council shall come to not possess any of the above qualifications or be convicted of a felony or cease to reside in the city limits of Portland, the member's office shall immediately become vacant. If any member is absent from three consecutive regular meetings without explanation acceptable to a majority of the other members, the member's office shall be declared vacant at the next regular meeting of the council.

(As amended at elections of 4-7-70; 8-19-72; Ord. No. 753, § 1, 3-3-87 (Referendum 4-4-87); Res. No. 751, § 3(Prop. C), 5-15-18, referendum of 5-5-18)



RELEASE AND AUTHORIZATION FOR PUBLIC RECORDS

Disclosure: A public record may be procured for public office appointment purposes.

I voluntarily and knowingly authorize, for public office appointment purposes only, the City of Portland to obtain public records, which may include records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment.

I voluntarily and knowingly release from all liability all persons and companies requesting and/or supplying information for such records, except that such release shall not be implied to waive any rights I may have to correct errors or misstatements contained in the public records obtained pursuant to this authorization.

SIGNATURE

DATE

FULL LEGAL NAME (TYPE OR PRINT LEGIBLY)

STREET ADDRESS

CITY, STATE, ZIP

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER/STATE OF ISSUE

DATE OF BIRTH (MM/DD/YYYY)

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____	NO _____ _____ initial
Purpose of CCH: _____	
Empl ___	Vol/Contractor ___ _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	