

BOLIVAR PENINSULA SPECIAL UTILITY DISTRICT
P.O. BOX 1398 * 1840 HWY 87 * CRYSTAL BEACH, TEXAS 77650
PHONE (409)684-3515 * FAX (409) 684-7515

BOARD APPOINTMENT APPLICATION

Name:		Date of Application:	
Street Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Phone:		Alternate Phone:	
Do you own property on the Peninsula?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If yes How Long _____	
Are you over the age of 18?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a Developer or do you plan on becoming one?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you available to attend monthly Board Meetings?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to attend committee meetings when needed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you related to anyone that works for the water company?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any conflicts of interest that would prevent you serving on the Board?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Education:				
High School:	# years completed:	City and State:	GPA:	Did you graduate:
College:				
Other:				

Work Experience (List work experience that you feel pertains to your ability to be a Board member)			
Company name & address	Position Held	Supervisor Name & Contact #	Dates Employed

References Not related to you :

Name & Address:	Phone #	Time Known	How Known: School, Work. Personal.

Please list any Military Service that you have had:

Please list any special skills or areas of education that you believe will help you as a Board member:

Applicant Statement:

Please read the following statements carefully before signing this application. Only applications that are signed and dated are considered valid.

I certify that all information submitted by me on this application is true and complete. I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the District's policies and rules, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the District's option. I also understand and agree that the terms of my employment may be changed, with or without notice at any time by the District. I further understand that the District is an at-will employer and makes no other representations regarding employment to me.

_____ Signature

_____ Date

Bolivar Peninsula SUD - Board Appointment Application

AW2-20, 9/07

Prescribed by Secretary of State

Sections 141.031, Chapter 144, Texas Election Code

All information is required to be provided unless indicated as optional. (Se requiere toda la información, a menos que haya alguna indicación que no es obligatoria.)

APPLICATION FOR A PLACE ON THE _____ GENERAL ELECTION BALLOT (APLICACION PARA UN LUGAR EN LA BOLETA DE _____ ELECCION GENERAL)					
TO: Secretary of Board (A: Secretario(a) de Junta)					
I request that my name be placed on the above-named official ballot as a candidate for the office indicated below. (Solicito que mi nombre esté puesto en la arriba nombrada boleta como candidato para puesto oficial indicado abajo.)					
OFFICE SOUGHT (PUESTO OFICIAL SOLICITADO) Include any place number or other distinguishing number, if any. (Incluya cualquier número de lugar u otro número que hace el puesto oficial diferente a otros, si hay alguno.)				INDICATE FULL OR UNEXPIRED TERM (INDIQUE SI EL TERMINO DEL PUESTO OFICIAL ES TERMINO COMPLETO O NO COMPLETADO)	
FULL NAME (First, Middle, Last) (NOMBRE COMPLETO) (Nombre de Pila, Segundo Nombre, Apellido)			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT (ESCRIBA SU NOMBRE COMO DESEA QUE APAREZCA EN LA BOLETA)		
PERMANENT RESIDENCE ADDRESS (Street address and apartment number. If none, describe location of residence. Do not include P.O. Box or Rural Rt.) (DIRECCION DE RESIDENCIA PERMANENTE: Calle y Número de Departamento: si no tiene, describa la localidad de su residencia. No incluya su caja postal o ruta rural.)			MAILING ADDRESS (If different from residence address) (DIRECCION POSTAL (Si es diferente a su dirección de residencia))		
CITY (CIUDAD)	STATE (ESTADO)	ZIP (ZONA POSTAL)	CITY (CIUDAD)	STATE (ESTADO)	ZIP (ZONA POSTAL)
OCCUPATION (Do not leave blank) (EMPLEO) (No lo deje en blanco)		DATE OF BIRTH (FECHA DE NACIMIENTO)		COUNTY OF RESIDENCE (CONDADO DE RESIDENCIA)	
TELEPHONE NUMBER (Include area code) (Optional) (NUMERO DE TELEFONO-Incluya el código de la área) (Facultativo)		Length of Continuous Residence as of Date Application Sworn (Tiempo en que ha Residido en un Solo Lugar en la Fecha en que Prestó Juramento Sobre la Solicitud)			
OFFICE: (DE SU OFICINA):		IN STATE (EN EL ESTADO)	IN COUNTY (EN EL CONDADO)	IN DISTRICT OR PRECINCT (EN EL DISTRITO O PRECINTO)	
HOME: (DE SU DOMICILIO):		____ yr(s) ____ mos (año(s) (mes(es)))	____ yr(s) ____ mos (año(s) (mes(es)))	____ yr(s) ____ mos (año(s) (mes(es)))	
<p>If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Para poder incluir un apodo como parte de su nombre completo el la papeleta, Ud.debera firmar la siguiente constancia: Ademas, juro que se me ha conocido por este apodo por mas de tres años. Ademas, juro que el apodo no es un lema político ni una indicacion de mis creencias o afiliaciones politicas, economicas, sociales, o religiosas.</p>					
<p>Before me, the undersigned authority, on this day personally appeared (name) _____, who being by me here and now duly sworn, upon oath says: "I, (name) _____, of _____ County, Texas, being a candidate for the office of _____, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. 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 determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code.</p> <p>I further swear that the foregoing statements included in my application are in all things true and correct."</p> <p>(Ante mí, la autoridad, suscrita apareció en persona _____, quien habiendo aquí y ahora prestado juramento debido, bajo juramento dice: "Yo, _____ del condado de _____, Texas, siendo candidato para el puesto oficial de _____ solemnemente juro que apoyaré y defenderé la Constitución y las leyes de los Estados Unidos y del Estado de Texas. Soy ciudadano de los Estados Unidos elegible para ocupar tal puesto oficial bajo la Constitución y las leyes de este Estado. No me han determinado por un juicio final de la legalización de un testamento, ser totalmente incapacitado mentalmente o parcialmente incapacitado sin el derecho de votar, ni he sido probado culpable finalmente de una felonía por la cual no he sido perdonado o por la cual no se me han restituido enteramente mis derechos de ciudadanía por medio de otra acción oficial. Yo tengo conocimiento de la ley sobre el nepotismo según el capítulo 573 de Código Gobierno.</p> <p>Además juro que las precedents declaraciones que incluyo en mi solicitud son verdaderas y están correctas en todos sentidos.")</p>					
<p style="font-size: 2em; font-weight: bold;">X</p> <p>_____ SIGNATURE OF CANDIDATE (FIRMA DEL CANDIDATO)</p>					
Sworn to and subscribed before me at _____, this the _____ day of _____, _____. (Jurado y suscrito ante mí en _____, este día _____ de _____, _____.)					
			SEAL (SELLO)		
Signature of Officer administering oath ¹ (Firma del oficial administrando el juramento)			Title of Officer administering oath (título del oficial administrando el juramento)		
TO BE COMPLETED BY SECRETARY OF BOARD:					
(See Section 1.007)					
			Date Received _____ Signature of Secretary _____		