



City of Brookings

898 Elk Drive, Brookings, OR 97415

Phone: 541- 469-2163 Fax: 541-469-3650

www.brookings.or.us

APPLICATION TO FILL VACANT CITY COUNCIL POSITION

PART I Contact Information:

Applicant Name: _____

Physical Address: _____

Mailing Address: _____

Email Address: _____ Phone: _____

NOTE: City Council members must be a City of Brookings resident for at least 12 months preceding appointment and a registered elector of the State of Oregon. Voter registration will be verified with the County Elections Department.

PART II Current Status:

1. How long have you been a City of Brookings resident? _____ years _____ months

2. Are you registered to vote in the State of Oregon? Yes No

3. What is your current occupation? _____

PART III Background Information: (Please attach additional pages if needed)

1. Briefly describe your interest in serving on the City Council and what you hope to accomplish:

2. List your position-related experience and/or background, including volunteer activities:

3. List your work history and educational background, as well as any unrelated volunteer experience you may have:

PART IV Agreement: *Please read and check off the following before signing:*

- I understand and acknowledge that my status as a registered voter will be verified with the County Elections Office and my resident status will be verified by the City of Brookings.
- I understand and acknowledge that this document will become public information and be distributed to the public and news media.
- I understand and acknowledge that 1) I may be required to be respond to additional questions, in writing and/or orally as part of a formal interview during a Common Council Meeting and 2) that failure to respond or appear as required may result in my application being disqualified.
- I understand and acknowledge that, if appointed, I will be required to meet regularly on the second and fourth Monday's of each month, at least once each month in a Council workshop, and at various other times during the course of the year as City business dictates.
- I understand and acknowledge that , if appointed, I will be required to file an Annual Statement of Economic Interest (SEI) with the Oregon Government Ethics Commission (OGEC) each year I hold office on April 15th.*
- I understand and acknowledge that, if appointed, I will receive no compensation other than reimbursements for travel and training expenses as may normally be incurred in conjunction with the conduct of official, City Council approved business.
- I understand and acknowledge that, as an applicant, I may be required to be respond to additional questions, in writing, or as part of a formal interview during a Common Council Meeting and that failure to respond or appear as required may result in my application being disqualified.
- By signing this application voluntarily and in the presence of the witness listed below, I, the Applicant, do hereby understand and acknowledge that I have read and agree to the terms as stated above.

Applicant (print name)

Applicant's Signature

Date

Witness (print name)

Witness's Signature

Date

Submit completed applications by mail or in person to the Deputy City Recorder, 898 Elk Drive, Brookings, OR 97415. Regular business hours are 8 am to 12PM and 1 pm to 5 pm, Monday – Thursday.