

Smithfield City Council Midterm Vacancy Application

Vacancy Appointment Meeting: Interviews for an upcoming vacancy in the office as a Member of the City Council will be held at a City Council meeting at the Smithfield City Office Building on Wednesday, January 24, 2018 no sooner than 6:00 P.M.

Application Deadline: Applications to fill the vacancy as a Member of the City Council must be submitted in person, emailed or mailed to the City Recorder at 96 South Main Street, PO Box 96, Smithfield, UT 84335 or via e-mail to jlewis@smithfieldcity.org and must be received no later than Wednesday, January 17, 2018 at 5:00 o'clock P.M.

Full Name: _____

Statutory Minimum Requirements:

Are you a registered voter? Yes No

Are you at least 18 years of age? Yes No

Are you a resident of Smithfield City, Utah? Yes No

Have you resided in Smithfield, or territory annexed by Smithfield City, for more than 12 consecutive months?
Yes No

Physical Address: _____

Have you at any time been deemed mentally incompetent, convicted of a felony, convicted of treason, or convicted of voter fraud? Yes No

Educational Experience:

Professional/Work Experience:

Briefly explain what contributions you would make to the City of Smithfield as a Council Member:

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Provide a statement explaining why you are seeking the office of a city council member:

Waiver for Background Check:

Do you authorize Smithfield City and/or its agents to investigate your background, character, past employment, credit history, voter registration, education, and criminal history for the purpose of confirming the information contained on your application and/or obtaining other information which may be material to your qualifications as a Member of the City Council? Yes No

Smithfield City is an Equal Opportunity Employer:

Appointments are made without regard to sex, age, race, creed, religion, national origin, ancestry, marital status, disability, or other non-job related criteria.

I, _____, affirm the aforementioned information is true and correct and understand that any misrepresentations in said information may result in the disqualification of my application for municipal office. I also acknowledge that a redacted form of this document without my social security number will be available to the public.

Signature _____ Date _____

Contact Information:

Email Address: _____

Cell Phone Number: _____