



TOWN OF QUARTZSITE

465 North Plymouth Avenue • PO Box 2812 • Quartzsite, AZ 85346

(928) 927-4333 • (928) 927-4400

Arizona Relay Service (928)927-3762 (TDD)

We are an equal opportunity employer

www.ci.quartzsite.az.us

TOWN OF QUARTZSITE APPLICATION FORM TOWN COUNCIL MEMBER

NAME: _____

RESIDENT ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE: HOME _____ WORK: _____

FAX: _____ EMAIL: _____

DO YOU LIVE WITHIN TOWN OF QUARTZSITE LIMITS? _____ YES _____ NO

HOW LONG HAVE YOU LIVED IN THE TOWN OF QUARTZSITE? _____

ARE YOU A QUALIFIED ELECTOR (qualified to vote even if not registered)? _____ YES _____ NO

ARE YOU RELATED TO ANY TOWN EMPLOYEE? _____ YES _____ NO

If Yes, what is the employee's name? _____

Please respond to the questions below. Attach a separate sheet if necessary.

Have you ever served on a municipal council, board, or committee? If yes, please note the name of the council, board, or committee, the municipality served in, and length of time served.

Please state why you would like to be appointed to this position?

What do you believe is the key responsibility of this position?

What experience, skills, and qualities would you bring to this position?

Please attach a RESUME with related previous experience.

Signature

Date

Office Use Only

Date Council Interview _____

Applicant Notified _____

Date of Council Appointment _____

Term Expires _____