



APPLICATION FOR CITY OF DUNCAN COUNCIL

***Eligible Applicants must be a City resident, Registered Voter with an address within the Ward for a minimum of six (6) months prior to filing this application and reside in their Ward the entire time in Office.**

Send Completed Application Form via email to: info@duncanok.gov

Or

Via mail to:

To the attention of City Manager Kimberly Meek, City of Duncan, PO Box 969, Duncan, OK 73534

APPLICANT'S PERSONAL INFORMATION

APPLICANT'S NAME: _____

APPLICANT'S RESIDENCE ADDRESS: _____

APPLICANT'S WARD: _____

PHONE NUMBERS – HOME: _____ BUSINESS: _____ CELL: _____

EMAIL ADDRESS: _____

APPLICANT'S OCCUPATION/WORK HISTORY

CHECK ALL APPLICABLE:

_____ RETIRED _____ EMPLOYED _____ UNEMPLOYED _____ MILITARY _____ OTHER

EMPLOYER _____

CITY, STATE _____

JOB TITLE _____

LIST DUTIES THAT APPLY TOWARDS THE POSITION OF COUNCIL MEMBER:

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*The following questions MUST be answered:

- | | | |
|--|-----|----|
| 1. Are you a City of Duncan resident? | Yes | No |
| 2. Are you currently a registered voter in the City of Duncan? | Yes | No |
| 3. Do you currently reside in the Ward where the council position is open? | Yes | No |

4. Describe what education, experience, training, license or professional designation, and public service qualifies you to serve on City Council. (RESUME MUST BE ATTACHED)

5. Describe your experience working in a group, receiving information, and arriving at consensus in decision making.

6. Describe why you wish to serve on City Council and what you believe you can contribute to the City of Duncan.

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7. Describe what three items you have on your agenda to accomplish for the betterment of the City of Duncan if you become a Council member?

By checking this box, I,

hereby certify:

- That all information in this application is complete, truthful, and accurate to the best of my knowledge.
- If elected, I understand it is my responsibility to notify the City of changes that would affect my responsibilities as a City Council.
- I recognize being on City Council requires my attendance at meetings and/or events. I am willing and able to make this commitment of time and effort to serve.
- I understand that the Public Records Act (PRA) allows for public review of this application.
- If elected, I understand that I WILL be required to file a Conflict of Interest Statement and complete Ethics Training and failure to do so in a timely manner may be cause for sanctions before City Council.

Date

Signature

Questions – Contact the City Clerk’s Office at 580-252-0250

FOR CITY CLERK’S OFFICE USE ONLY

Application Received _____

Address Verified in Ward 1 2 3 4 _____

Voter Registration status Verified _____