

Hyde Park City Council Midterm Vacancy Application

Vacancy Appointment Meeting: Interviews for an upcoming vacancy in the office of City Council will be held at a City Council meeting at the Hyde Park City Office Building on Wednesday, May 12, 2021 no sooner than 7:00 P.M.

Application Deadline: Applications to fill the vacancy of City Council must be submitted by email to donja.w@hydeparkcity.org or delivered to City hall at 113 East Center, PO Box 489, Hyde Park, UT 84318. All applications must be received no later than Monday, May 10, 2021 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 Hyde Park City, Utah? Yes No

Have you resided in Hyde Park 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 Hyde Park as its City Council:

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Provide a statement explaining why you are seeking the office of City Council:

Waiver for Background Check:

Do you authorize Hyde Park 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 for City Council? Yes No

Hyde Park 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 _____