



## APPLICATION FOR TOWN COUNCIL APPOINTMENT

Current residents of the Town of Marana may apply for appointment to the Marana Town Council to serve the remaining term of Councilmember Carol McGorray. Pursuant to state law, to qualify for appointment an applicant must meet all of the following requirements: 1) be 18 years old; 2) be a qualified elector residing within the Town; and 3) have resided within the Town for at least one year prior to appointment.

### **NO LATER THAN NOON ON APRIL 13, 2018, APPLICATIONS FOR CONSIDERATION SHOULD BE SUBMITTED ELECTRONICALLY OR HAND DELIVERED WITH A RESUME ATTACHED TO:**

Marana Town Clerk / 11555 West Civic Center Drive / Marana AZ, 85653

Marana Town Code 2-1-4 requires applicants to fill out this application, and provide a resume and any other support materials for consideration of the Town Council.

#### APPLICANT INFO

First Name	Last Name		
Mailing Address	City	State	Zip Code
Phone # (daytime)	Phone# (mobile or home)		
E-mail Address			
Occupation	Employer		
ARE YOU A MARANA RESIDENT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	HOW MANY YEARS HAVE YOU LIVED IN MARANA? _____

#### QUESTIONNAIRE (PLEASE ANSWER THE QUESTIONS BELOW. ADDITIONAL PAGES MAY BE ATTACHED IF MORE ROOM IS NEEDED.)

WHAT IS YOUR VISION FOR THE TOWN OF MARANA?

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HAVE YOU ATTENDED OR PARTICIPATED IN MARANA'S TOWN COUNCIL MEETINGS IN THE PAST YEAR?  
(IF YES, PLEASE DESCRIBE IN WHAT CAPACITY)

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**DESCRIBE YOUR PROFESSIONAL BACKGROUND**

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**DESCRIBE YOUR EXPERIENCE OR FAMILIARITY WITH A COUNCIL-MANAGER FORM OF GOVERNMENT.**

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**DESCRIBE YOUR EXPERIENCE (IF APPLICABLE) WORKING WITH OR SITTING ON A LEGISLATIVE, POLICY, AND/OR A QUASI-JUDICIAL BODY.**

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**IN THE COURSE OF ITS NORMAL BUSINESS THE TOWN COUNCIL REVIEWS AND APPROVES CONTRACTS, DEVELOPMENT AGREEMENTS, INTERGOVERNMENTAL AGREEMENTS, GENERAL AND SPECIFIC PLANS, BUDGETS, SUBDIVISION PLATS, AND ZONING. PLEASE DESCRIBE YOUR FAMILIARITY AND EXPERIENCE (IF APPLICABLE) IN DEALING WITH THE ABOVE RESPONSIBILITIES.**

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**DESCRIBE YOUR EXPERIENCE (IF APPLICABLE) REVIEWING AND APPROVING BUDGETS AND FINANCIAL DOCUMENTS.**

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**IF APPOINTED TO THE COUNCIL, YOU WILL REPRESENT ALL OF THE TOWN OF MARANA IN YOUR DECISIONS. DESCRIBE YOUR FAMILIARITY WITH THE DIFFERENT AREAS OF THE TOWN OF MARANA. HOW CAN THE CITIZENS OF MARANA BE ASSURED THAT YOU WILL KNOWLEDGEABLY AND OBJECTIVELY MAKE DECISIONS FOR ALL AREAS OF THE TOWN?**

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**REFERENCES AND RESUME**

**REFERENCE 1**

First Name	Last Name		
Mailing Address	City	State	Zip Code
Phone # (daytime)	Phone# (mobile or home)		
E-mail Address			
Occupation	Employer		

**REFERENCE 2**

First Name	Last Name		
Mailing Address	City	State	Zip Code
Phone # (daytime)	Phone# (mobile or home)		
E-mail Address			
Occupation	Employer		

**PLEASE INCLUDE YOUR RESUME AND OTHER SUPPORTING MATERIALS.**

**APPLICANT SIGNATURE**

Sign Here	Date
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