

**City of Harlingen**  
**Board and Commission**  
**Information Statement & Application**  
**PLEASE SEND TO:** City Secretary's Office Attn: Amanda C. Elizondo  
118 E. Tyler, Harlingen, TX 78550 **-or-** aelizondo@myharlingen.us

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Home Address \_\_\_\_\_

City, State \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Business Address \_\_\_\_\_

City, State \_\_\_\_\_

Business Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Resident of Harlingen Yes \_\_\_\_\_ No \_\_\_\_\_ Years \_\_\_\_\_

Email: \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony, excluding minor traffic offenses? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" provide conviction information, such as state, county and date of occurrence.

\_\_\_\_\_  
\_\_\_\_\_

**Personal References**

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Please specify on which Board/Commission you wish to serve.

---

Please explain why you would like to serve on the above board(s).

---

---

---

If you have been a member of a Harlingen Board or Commission before, please indicate the Board or Commission and approximate dates of service.

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**Please note:** Some boards and/or commissions require special qualifications, such as professional engineers, architects, electricians, etc.

What experience do you have that may qualify you for service on a particular board or commission? (i.e. licenses, degrees and certificates)

---

---

Please list any civic or community endeavors in which you have been involved in.

---

---

I hereby affirm that the information provided herein is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for taking the time to complete this application.

**TEXAS GOVERNMENT CODE SECTION 552.024  
PUBLIC ACCESS OPTION FORM**

[Note: This form should be completed and signed by the employee no later than the 14th day after the date the employee begins employment, the public official is elected or appointed, or a former employee or official ends employment or service.]

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Board Name

The Public Information Act allows employees, public officials and former employees and officials to elect whether to keep certain information about them confidential. Unless you choose to keep it confidential, the following information about you may be subject to public release if requested under the Texas Public Information Act. Therefore, please indicate whether you wish to allow public release of the following information.

	PUBLIC NO	ACCESS? YES
Home Address		
Home Telephone Number		
Social Security Number		
Emergency Contact Information		
Information that reveals whether you have family members		

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date