



**CITY OF SEABROOK  
BOARDS/COMMISSION/CORPORATIONS  
APPLICATION AND INFORMATION STATEMENT**

**QUALIFICATIONS FOR APPOINTMENT (Please check option that applies):**

I have been a resident of Seabrook for at least six months prior to the date of appointment. (One year for appointment to the P&Z Commission and Board of Adjustment.)

I am or will be a qualified City of Seabrook voter at the time of appointment.  
Voter Registration # \_\_\_\_\_

I have no felony conviction for which you have not been pardoned.

I am not an adversary party to pending litigation against the City.

I am not in arrears on any city taxes, water service charges or other obligations owed the City.

Please number the Boards/Commissions/Corporations you wish to serve on in order of preference.  
Please do not select more than three (3) boards on which you wish to serve.

	Board of Adjustment/Building Standards
	Charter Review Commission
	Civil Service Commission
	Comprehensive Master Plan Review Commission
	Economic Development Corporation
	Ethics Review Commission
	Open Space & Trails Committee
	Planning and Zoning Commission

Name of Applicant:

Date of Application:

**ALL INFORMATION ON THIS APPLICATION WILL BECOME PUBLIC RECORD**

DATE OF APPLICATION:

NAME:

HOME ADDRESS:

HOME PHONE:

CELL PHONE:

E-MAIL ADDRESS :

DAY TIME PHONE:

PROFESSION:

BUSINESS NAME AND ADDRESS:

**PERSONAL REFERENCES:**

Name:

Address:

Daytime Phone #:

Name:

Address:

Daytime Phone #:

Name:

Address:

Daytime Phone #:

How long have you lived in the City of Seabrook?

Name of Applicant:

Date of Application:

If you have been a member of a Seabrook Board/Commission/Corporation before, please indicate the Board, Commission or Corporation and the approximate dates of service:

Have you ever been convicted of a crime, other than minor traffic violations?

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

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

I understand that applicants for board positions will be interviewed by City Council during a Council meeting. I will be contacted by the city secretary's office for an interview date and time.

I understand that if appointed, I must adhere to the Ethics Ordinance, including **Section 2-239** (see page 3), that requires all members of the Board of Adjustment, EDC and Planning and Zoning Commission to complete a disclosure statement within 10 business days of appointment.

I agree to be bound by the Seabrook Charter, including **Section 11.09**, "Personal Interest" (See page 3.)

I understand that State law requires that I undergo two hours of training concerning the **Opening Meetings Act** and the **Public Information Act** within 90 days of my appointment. (See page 3 for instructions.)

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return to: Robin Lenio, City Secretary  
1700 1<sup>st</sup> Street, Seabrook, TX 77586  
281-291-5663  
[rlenio@seabrooktx.gov](mailto:rlenio@seabrooktx.gov)

Name of Applicant:

Date of Application:

*NOTE: This application will remain on file for one year.*

**Sec. 2-239. - Disclosure.**

The city manager, economic development director, all members of the city's council, planning and zoning commission, board of adjustment, economic development corporations, and any and all other members of the economic development committees and subcommittees shall, within ten working days of election, appointment or membership, complete a disclosure statement listing all interests in real property located within the city limits or the extraterritorial jurisdiction of the city, whether owned outright or under a mortgage, leased, held in trust, or that are owned, leased, or held in trust by the employee's or committee member's spouse or dependent children. This list shall include the location (street address and/or legal description), size (general dimensions), and current use of the property. Additionally, each member or employee shall disclose any of his or her ownership of stock in any company under contract to the city, when such stock ownership comprises greater than one percent of such company's total capital stock. This section shall become effective for the current city manager, economic development director, and all current members of applicable city boards within 30 days of final approval of this section by the city council. All members and employees shall file an amended statement within 30 days of the acquisition of any additional real property interests or stock as defined above. In addition, all members, officials and employees, as referenced herein, shall review their filed disclosure statements at least once each year and after review, shall either file an amended statement with any changes or submit a written statement attesting that no changes have occurred since the last filing. This requirement shall apply during the term of any election, appointment or employment. Any willful violation of this section shall constitute malfeasance in office and any official or employee guilty thereof shall thereby forfeit the office or position.

**Section 11.09. - Personal interest.**

All members of the City Council, and all officers and employees of the City, shall be subject to and shall comply with the provisions of general state law regarding personal, financial or conflicting interests in transactions with the City, including but not limited to Chapter 171 of the Texas Local Government Code. The City Council shall provide, by ordinance, regulations and procedures for the implementation and enforcement of said Chapter.

**INSTRUCTIONS FOR OBTAINING THE OPEN MEETINGS TRAINING**

1. Log on to the Texas Attorney General's Web site at [www.oag.state.tx.us](http://www.oag.state.tx.us).
2. Select 'Open Government' at the top of the screen (third category from the right).
3. Then select "Open Government Training" on the right hand side of the screen.
4. Under the category of "Videos and Certificates" select "Open Meetings Act Training". You will then watch the required video which takes approximately 50-60 minutes. At the end of the video, you will be given an access code. Write down the access code.
5. If the video does not give you instructions on how to print your certificate, then go back to the category of "Videos and Certificates" and select "Print Open Meetings Certificate."
6. You will be asked to give your access code and name, and you will then be able to print your certificate. If you do not have a printer, you may bring or email your access code to city hall and we will print your certificate for you.
7. After printing your certificate, please bring or email the certificate to the City Secretary's office. We are required to keep a copy of all certificates on file.
8. Please repeat steps 2-7 for "Public Information Act Training".

Name of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_



### CITY OF SEABROOK ELECTED OR APPOINTED OFFICIAL EMERGENCY INFORMATION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
            First                      MI                      Last                      Last

Present Address: \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_

#### EMERGENCY NOTIFICATIONS

List information below regarding persons whom you wish to be notified in event of injury, illness, or emergency.

1. Name: \_\_\_\_\_ Phone (Day) (    ) \_\_\_\_\_  
Address \_\_\_\_\_ Phone (Night)(    ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone (Day) (    ) \_\_\_\_\_  
Address \_\_\_\_\_ Phone (Night)(    ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Relationship \_\_\_\_\_

#### MEDICAL INFORMATION

You are responsible for informing persons at your work site if you have a medical condition that may require immediate first aid. Medical information is confidential. It is your decision and responsibility to inform others if you believe it necessary for your health and safety while at work.

List any allergies or special conditions that you would like on file:

\_\_\_\_\_

Physician: \_\_\_\_\_  
                            Name    Address    Phone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Texas Government Code Section 552.024 Public Access Option Form

\_\_\_\_\_  
Employee's 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 ACCESS?	
	NO	YES
Home Address		
Home Telephone Number		
Social Security Number		
Information that reveals whether you have family members		

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date