



# City of White Settlement Application for Appointment to Crime Control and Prevention District (CCPD)

*Council Members will review applications in open meeting. Applicants are requested to attend the meeting should Council Members request to interview the applicant.*

### ***Applicants Contact Information***

Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ Email: \_\_\_\_\_

Is this address within city limits?  Yes  No (if No, please STOP and return application)

### ***Are you currently appointed to a Board of Commission of the City of White Settlement***

Current Board: \_\_\_\_\_ Place  How long on this board? \_\_\_\_\_

### **Background:**

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Are you a registered voter in the City?  Yes  No (if No, please STOP and return application)

Are you a resident of the City?  Yes  No (if No, please STOP and return application)

Length of residency: \_\_\_\_\_

Do you, your spouse or your employer have any financial interest, directly or indirectly, in matters that might come before the Board and Commission to which you seek appointment?

Yes  No If yes, explain: \_\_\_\_\_

Do you, your spouse or your employer have any financial interest, directly or indirectly, in the sale to the City of any land, materials, supplies or service?

Yes  No If yes, explain: \_\_\_\_\_

Convictions: Have you ever been convicted of violating any federal, state or municipal law, regulation or ordinance?  Yes  No If yes, give details. Do not include traffic violations.



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**Background cont'd:**

Education: \_\_\_\_\_ High School \_\_\_ College \_\_\_ Other - explain \_\_\_\_\_

Professional: \_\_\_\_\_

Areas of Interest: \_\_\_\_\_

**Position and Dates of Volunteer Experience/Community Service:**

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

Please specify membership and give title and dates, and/or employment with all Boards, Commissions, Corporations, Non-Profit Entities, Agencies, or other Entities on any other government Board or Commission that you have held. Additional information may be attached.

Organization \_\_\_\_\_ Title: \_\_\_\_\_ date(s) \_\_\_\_\_

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**Reasons for seeking appointment:**

The Crime Control and Prevention District Board of Directors powers and duties are outlined in Texas Local Government Code Chapter 363 Subchapter D. The district may finance all the costs of a crime control and crime prevention program, including the costs for personnel, administration, expansion, enhancement, and capital expenditures.

- Please attach a brief narrative outlining your interests and qualifications for seeking appointment. You may also add a resume or additional information.

This board meets the first Tuesday of the month at 7:00 p.m., as needed, with members serving terms congruent to appointing Council Member.

If appointed, will your work and/or personal schedule allow for your attendance to the CCPD meetings? \_\_\_ Yes \_\_\_ No



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to Crime Control and Prevention District (CCPD)**

**I have read and understand the instructions and appointment process.** I certify that all statements that I have made on this application and other supplementary materials are true and correct. I hereby authorize the City of White Settlement to investigate the accuracy of this information from any person or organization, and I release the City of White Settlement and all persons and organizations from all claims and liabilities arising from such investigation or the supplying of information for such investigation. I acknowledge that any false statement or misrepresentation on this application or supplementary materials will be cause for refusal of appointment or immediate dismissal at any time during the period of my appointment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**By signing below, I hereby request consideration for appointment to the Crime Control and Prevention District.** I authorize the City of White Settlement to use my date of birth and drive license number to perform a background check with the understanding that such information will be held in confidence and used solely for the purpose of evaluation of my application. I affirm that all information contained herein is true and complete and that any misrepresentation, falsification, or omission shall be cause for removal of my application from consideration of appointment and, if currently volunteering, removal as a volunteer for the City of White Settlement.

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Driver License Number \_\_\_\_\_ State of issue \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_