

**APPLICATION FOR VACANT MAYORAL SEAT
(Vacancy deemed effective: June 15, 2021)**

FULL NAME: _____

HOME ADDRESS: _____

HOW LONG AT THIS ADDRESS: _____

BUSINESS ADDRESS: _____

HOME PHONE: () _____ BUSINESS PHONE: () _____

FAX: () _____ E-MAIL: _____

DATE OF BIRTH: _____

HOW LONG HAVE YOU BEEN A RESIDENT OF GOLDSBORO, NC? _____

CURRENT EMPLOYER: (IF ANY)

TITLE: _____ YEARS IN CURRENT POSITION: _____

DUTIES: _____

OTHER EMPLOYMENT HISTORY:

EDUCATION: (including degrees completed)

INTERESTS/SKILLS/AREAS OF EXPERTISE/PROFESSIONAL ORGANIZATIONS:

Why are you interested in serving as Mayor of the City of Goldsboro?

Please provide examples of your past service and involvement in Goldsboro and/or other communities in which you have lived. How do you feel these experiences would assist you in serving as the Mayor?

What do you see as your role as Mayor in representing all citizens of Goldsboro?

The City of Goldsboro, like the vast majority of municipalities in North Carolina, operates under the Council/Manager form of government. With that in mind, what do you see the role of the Mayor being versus that of the City Manager?

What do you think are the two highest priorities for the Goldsboro City Council and how would you work to achieve them?

Given the diversity of interests, backgrounds and opinions on the Goldsboro City Council, how could you play a part in assisting the City Council to reach consensus on decisions?

AFFIRMATION OF ELIGIBILITY

Have you ever received a formal charge of professional misconduct, a criminal misdemeanor involving fraud or felony in any jurisdiction?

Yes _____ No _____ If yes, explain complete disposition

Are there any possible conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of the City Council?

Yes _____ No _____ If yes, explain conflict.

I understand this application is public record, and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to investigation and verification of all statement contained herein. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement will be cause for my removal from consideration.

Signature: _____

Date: _____

DO NOT SUBMIT RESUMES/ATTACHMENTS – YOU MAY ATTACH ADDITIONAL PAGES TO ANSWER THE QUESTIONS IF NEEDED

*Application must be received by 5:00 p.m. on Friday, July 23, 2021 at:
Goldsboro City Clerk’s Office
200 N. Center Street
Goldsboro, NC 27530*

APPLICATIONS NOT RECEIVED BY THE DEADLINE DATE WILL NOT BE CONSIDERED.
NO EXCEPTIONS WILL BE MADE.