



**APPLICATION FOR SMITHFIELD TOWN COUNCIL  
2025 DISTRICT ONE**

**NOTE: YOU MUST LIVE IN DISTRICT ONE TO APPLY FOR THE REMAINDER OF THE TERM.**

**FULL NAME** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOW LONG AT THIS ADDRESS** \_\_\_\_\_

**HOW LONG HAVE YOU BEEN A RESIDENT OF SMITHFIELD** \_\_\_\_\_

**CELL PHONE ( )** \_\_\_\_\_ **PERSONAL PHONE ( )** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**CURRENT EMPLOYER** \_\_\_\_\_

**JOB TITLE** \_\_\_\_\_

**YEARS IN CURRENT POSITION** \_\_\_\_\_

**JOB DUTIES** \_\_\_\_\_

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

**OTHER EMPLOYMENT HISTORY** \_\_\_\_\_

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

**1. Why are you interested in serving on the Smithfield Town Council?** \_\_\_\_\_

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**2. Please provide examples of your past service and involvement in Smithfield and/or other communities in which you have lived. How do you feel these experiences would assist you in serving as a Council member?** \_\_\_\_\_

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**3. What do you think are the two highest priorities for the Smithfield Town Council and how would you work to achieve them?** \_\_\_\_\_

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**4. What other information would you like the Town Council to consider about your application?** \_\_\_\_\_

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**ARE YOU A RESIDENT OF DISTRICT ONE?** \_\_\_\_\_

**ARE YOU A REGISTERED VOTER?** \_\_\_\_\_

**DID YOU VOTE IN THE LAST MUNICIPAL ELECTION? (2023)** \_\_\_\_\_

**EDUCATION (Include Degrees Completed)** \_\_\_\_\_

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**SPOUSE'S NAME** \_\_\_\_\_

**SPOUSE'S EMPLOYER** \_\_\_\_\_

**SPOUSE'S TITLE** \_\_\_\_\_

**AFFIRMATION OF ELIGIBILITY:**

Has any formal charge of professional misconduct ever been sustained against you in any jurisdiction?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain complete disposition. \_\_\_\_\_

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

Have you ever been convicted of a criminal misdemeanor or felony in any jurisdiction?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain complete disposition. \_\_\_\_\_

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

Are there any possible conflicts of interest or other matters that would create problems or prevent you from fairly and impartially discharging your duties as a member of the Town Council?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain conflict. \_\_\_\_\_

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

I understand this application is a 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 background checks and to the investigation and verification of all statements 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.

Signature: \_\_\_\_\_

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

**(Invalid if Not Signed)**

**RETURN COMPLETED FORM TO:**

**Smithfield Town Clerk  
Attn: Elaine Andrews  
350 East Market Street  
P.O. Box 761  
Smithfield, NC 27577**

**or**

[elaine.andrews@smithfield-nc.com](mailto:elaine.andrews@smithfield-nc.com)

**DO NOT SUBMIT RESUMES/ATTACHMENTS—YOU MAY ONLY ATTACH ADDITIONAL PAGES TO  
ANSWER THE QUESTIONS IF NEEDED.**

**Applications must be received by 5:00 p.m. on August 01, 2025 At Smithfield Town Clerk's  
Office, 350 East Market Street, Smithfield NC 27577**

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

**THIS APPLICATION IS A PUBLIC DOCUMENT**