

Candidacy for Elective Office Questionnaire

Employee Name: _____ Employee No. _____

Classification or Job Title: _____

Department/Division: _____

Work telephone number: _____ Alt. No.: _____

Normal working hours and off days: _____

Elective office being sought: _____

Compensation offered (if any): _____

Date of election: _____ Is this a partisan election? _____

Describe duties and responsibilities of this elected position and time requirements:

Briefly describe your current City of Houston position and its responsibilities:

Is your City position funded with federal monies and/or do you exercise any control over the expenditure of federal funds? Please be specific:

Name and phone no. of your immediate supervisor: _____

My signature certifies the information provided is true and correct:

Signature

Date Signed