



CITY OF SANTA CLARITA
COMMISSION / COMMITTEE APPOINTMENT APPLICATION
 PLEASE ATTACH THREE (3) LETTERS OF RECOMMENDATION TO THIS APPLICATION

APPLICANT NAME	ADDRESS	TELEPHONE NUMBER Home: Business: Emergency:
COMMISSION / COMMITTEE ON WHICH YOU DESIRE TO SERVE:		
BACKGROUND INFORMATION: 1. Are you a registered voter? _____ How long? _____ 2. Are you now serving on a City Commission / Committee? _____ If so, which one(s) _____ 3. Have you previously served on a City or County Commission / Committee? _____ If yes, which one(s) and date (s) _____ _____ _____		
EDUCATION: Indicate the highest year completed and degrees received:		
EMPLOYMENT: Employer's name, address, phone and your position or title:		
YOUR REASONS FOR WANTING TO SERVE:		
QUALIFICATIONS OR EXPERIENCE: Applicable to the purpose and subject matter of this Commission/Committee:		
The following may be required prior to appointment: (1) A background investigation (2) A Conflict of Interest Statement		
EVENING AVAILABILITY IS REQUIRED		
I declare that the information furnished hereinabove is true and correct to the best of my knowledge.		
_____ APPLICANT SIGNATURE	_____ DATE	
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FOR CITY USE ONLY Received by / date		