

APPLICATION FOR APPOINTMENT TO SACRAMENTO COUNTY BOARDS, COMMISSIONS AND COMMITTEES

http://www.sccob.saccounty.net/pages/boards.html

ORIGINAL APPLICATIONS MUST BE FILED WITH THE CLERK OF THE BOARD OF SUPERVISORS 700 H STREET, SUITE 2450, SACRAMENTO, CA 95814 FAXED AND E-MAILED APPLICATIONS WILL NOT BE ACCEPTED FOR FILING

Name of Board, Commission or Committee			Seat Category/Type	
Last Name		First	MI	
Street Address		City	Zip Code	
Street Address		City	Zip Çode	
Sacto. County Supervisorial District in which you reside:			Incumbent? Y / N	
ble from <u>http://www.supervi</u>	sorlookup.saccounty.net	<u>/)</u>	,	
ncorporated City?	Y / N	If so, which City?		
, ,	/	, <u> </u>		
Home	Work	Cell	Fax	
):				
	Last Name Street Address Street Address Dervisorial District in able from http://www.supervi ncorporated City?	Last Name Street Address Street Address Dervisorial District in which you reside: able from http://www.supervisorlookup.saccounty.net ncorporated City? Y N Home Work	Last Name First Street Address City Street Address City Street Address City Dervisorial District in which you reside:	

Employment History: Please list your employment history for the last ten years beginning with your most recent job, explaining

any gap(s) in employment. Please continue on a separate piece of paper if necessary.

From/To	Name and Address of Employer	Position/Duties	Reason for Leaving
From: To:			
From/To	Name and Address of Employer	Position/Duties	Reason for Leaving
From: To:			
From/To	Name and Address of Employer	Position/Duties	Reason for Leaving
From: To:			

Office Use Only

Seat #/Replaces

Appointment Expiration Date

Term Expiration Date

EDUCATION - Please check all applicable boxes if you possess one of the following:

High School Diploma

G. E. D.

CA High School Proficiency Certificate

Name(s) of College/University	Units Earned	Course of Study/Major	Degree Awarded
Have you ever been convicted of a felony	? Yes 🗌	No 🔄	
Community experience and affiliations:			
Other County Boards/Commissions/Comr	nittees on which yo	u have served:	

Other experience you feel would be helpful to the Board of Supervisors in making this appointment:

Do you or any member of your immediate family work for the County of Sacramento or hold a position that might conflict with your duties for this Board/Commission? If yes, please explain:

REFERENCES: <u>Please list three references with telephone numbers</u>

IF YOU ARE APPOINTED AND REQUIRED TO COMPLETE A STATEMENT OF ECONOMIC INTERESTS (FORM 700), YOU MUST FILE THE FORM WITH THE CLERK OF THE BOARD <u>PRIOR</u> TO TAKING ANY ACTION AS A MEMBER OF THIS BOARD.

Date

Original signature required

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