



**APPLICATION FOR
COMMISSION / COMMITTEE / BOARD**

FOR OFFICE USE ONLY

Received By: _____

Verified
Electorate: _____

CITY OF CARSON
701 E. CARSON STREET
CARSON, CA 90745
CITY CLERK (310) 972-1720
FAX (310) 513-6243

APPLICANT NAME

ADDRESS(NUMBER, STREET, ZIP)

TELEPHONE NUMBERS

First: _____
Last: _____

_____ Home Cell Work
_____ Home Cell Work

EMAIL ADDRESS:

**I ELECT TO ALLOW MY CONTACT INFORMATION
(HOME ADDRESS, TELEPHONE NO., EMAIL ADDRESS)
TO BE PUBLISHED ON THE INTERNET.**

INITIALS _____

**NAME OF COMMISSIONS,
COMMITTEES, OR BOARDS:** _____

BACKGROUND INFORMATION

- 1) Are you a registered voter in Carson? Yes No
- 2) Have you or are you now serving on a City Commission, Committee or Board? Yes No
If yes, please list your current appointments: _____
If yes, please list your prior appointments: _____
- 3) Are you a resident of the City of Carson? Yes No
- 4) Are you a paid employee of the City of Carson? Yes No
If yes, give your position and work location _____
- 5) List your Highest Grade or Degree completed: _____

PLEASE LIST YOUR QUALIFICATIONS/EXPERIENCE RELEVANT TO THE DESIRED POSITION (THIS MAY INCLUDE ANY PREVIOUS EMPLOYMENT):

PLEASE INDICATE YOUR REASONS FOR WANTING TO SERVE:

CURRENT EMPLOYMENT RETIRED (If applicable, state former profession)

Name of Business: _____
City of Business: _____
Phone Number: _____
Position Title: _____

The Legislative body reserves the right to reassign within other City Commissions, Committees, and Boards. Upon reassignment, this application is transferable.

I certify that all statements made on this application are true and correct to the best of my knowledge. I have read and understand the duties and responsibilities of the particular position(s) that I am applying for. I understand that I will also be required to complete AB1234 Ethics Training within one year of my appointment, and may be required to submit a Conflict of Interest Form 700. All applications are subject to disclosure to the extent required under the California Public Records Act.

SIGNATURE _____ DATE _____