APPLICATION FOR
COMMISSION / COMMITTEE / BOARD

CITY OF CARSON
701 E. CARSON STREET
CARSON, CA 90745
CITY CLERK (310) 952-1720
FAX (310) 513-6243

APPLICANT NAME	ADDRESS(NUMBER, STREET, ZIP)	TELEPHONE NUMBERS
First:_____		_____ ☐ Home ☐ Cell ☐ Work
Last:_____		_____ ☐ 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_____