

SUBMIT TO:

CITY CLERK
319 N. Douty St.
Hanford, CA 93230
Phone (559) 585-2515
Fax (559) 585-2595

CLERK'S OFFICE USE ONLY:

CITY OF HANFORD

RESIDENT: YES NO

DISTRICT NO. A B C D E

CITY OF HANFORD
APPLICATION FOR COMMISSION APPOINTMENT

APPLICANTS ARE ENCOURAGED TO CONTACT A COUNCILMEMBER TO COMMUNICATE THEIR INTEREST FOR APPOINTMENT.

Mr.

1. Mrs. _____
Ms. First Middle Last

2. Residence address: _____

City

County

State

Zip

Cell/Home Phone (_____) _____

E-mail address: _____

3. Position(s) sought: (List in order of preference)

1) _____

2) _____

3) _____

4. Business Title or Occupation: _____

Company: _____

Address: _____

City

County

State

Zip

Phone (_____) _____

5. Education - List schools attended and/or graduated/degree(s):

6. Other Special Training or Experience:

7. Previous and present governmental and civic experience. Indicate when, position and duties:

8. Please explain why you wish to serve on a Commission for the City of Hanford:

9. Do you have any interests or associations which might present a conflict of interest? If yes, please explain:

Please attach your resume, and any additional information or statements which you feel would be helpful in reviewing your qualifications.

AUTHORIZATION AND RELEASE

I, _____, understand that in connection with this application for appointment, this document and the information contained herein will be made available to the general public upon request. I certify under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Applicant

Date