



**APPLICATION FOR CITY COUNCIL APPOINTMENT
FOR FILLING OF THE VACANCY**

(Last Name) (First Name) (MI)

(Address) (City) (State) (Zip Code)

(Residence Phone) (Business Phone) (Email)

Are you at least 18 years of age? Yes _____ No _____

Are you a San Joaquin Registered Voter? Yes _____ No _____

Are you a resident of San Joaquin? Yes _____ No _____

Are you a United States Citizen? Yes _____ No _____

TRAINING, EXPERIENCE and/or EDUCATION:

(List any employment experience, training or education that in your opinion, best qualifies you for this appointment.)

COMMUNITY SERVICE:

(List boards, commissions, committees or community service organizations that you are currently serving or have served upon.)

(Please complete reverse side)

PERSONAL:

Rules of law and ethics prohibit appointees from participating in and voting on matters in which they may have a direct or indirect financial interest. Are you aware of any potential conflicts of interest? _____ Yes _____ No

If yes, please indicate potential conflicts:

Are you aware of the time commitment necessary to serve on the City Council, and will you have such time? Regular meeting dates are the 1st Tuesday of each month, with additional special meetings from time to time. _____ Yes _____ No

EMPLOYMENT INFORMATION:

Present Occupation: _____

Name of Firm: _____

Address: _____

PLEASE NOTE THAT THIS APPLICATION BECOMES PUBLIC INFORMATION

I hereby certify that the information contained in this application and any accompanying documents is true and correct to the best of my knowledge.

Signature of Applicant

Date

You are invited to attach additional pages, enclose a copy of your resume or submit supplemental information which you feel may assist the City Council in its evaluation of your application.

When completed submit original to:

*Office of the City Clerk
City of San Joaquin
21900 W. Colorado Ave
San Joaquin, CA 93660*