

Planning Commission Public Service Application



City of El Cajon
200 Civic Center Way
El Cajon, CA
92020

Phone: 619-441-1763
Fax: 619-441-1537
www.cityofelcajon.us

Contact Information

Date:

Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
Home Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip Code:	<input type="text"/>
Mailing Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip Code:	<input type="text"/>
Home Phone:	<input type="text"/>
Business Phone:	<input type="text"/>
Cell phone:	<input type="text"/>
Email:	<input type="text"/>

The above contact information is for internal use only.

The subsequent pages of this application become a matter of public record when your application is being considered for an appointment by the City Council.

Applicant Information for Planning Commission

Name:

Are you a resident of the City of El Cajon? Yes No

How long have you lived in El Cajon?

When are you available for meetings? Mornings Evenings Both

Explain your interest in this position:

Have you been or are you now a member of a governmental board, commission, or committee? Yes No

If Yes, please list:

Are you related to employee of the City of El Cajon? Yes No

If Yes, please indicate name and relationship:

Are you a registered voter? Yes No

If No, please explain:

Name:

List education, training, or special qualifications, which might be relevant to this position:

List membership in service or community organizations or volunteer work that might be relevant to this position:

Employment - Current to Past

Name of Employer:

Last job title:

Dates of employment:

From:

To:

List the duties performed while you worked at this company:

Name:

Name of Employer:

Last job title:

Dates of employment:

From:

To:

List the duties performed while you worked at this company:

Name of Employer:

Last job title:

Dates of employment:

From:

To:

List the duties performed while you worked at this company:

IF YOU CHOOSE TO PROVIDE MORE INFORMATION, PLEASE ATTACH ADDITIONAL PAGES TO THIS APPLICATION FORM

Print Name Here: _____

Signature: _____ Date: _____

Applications will be accepted on a continuous basis and will be kept for future vacancies.

You can submit this application by email, mail or in person. Applications must be signed.

Email to: CityClerk@cityofelcajon.us

Mail or deliver to: City Clerk's Office, 200 Civic Center Way, El Cajon, CA 92020