

Personnel Commission Public Service Application



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

THIS APPLICATION MUST BE RECEIVED BY 5:30 P.M. ON JANUARY 11 , 2018

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 and **will not** be viewed by the public.
The following pages **will be** available to the public and may be posted on the Agenda which is posted on the City Website.

Applicant Information for Personnel Commission

Note: Applicants for this Commission seat must be reside in the City Limits of El Cajon unless nominated by an employee association of the City.

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: _____

You can submit this signed application by mail or in person.
Mail to: City Clerk's Office, 200 Civic Center Way, El Cajon, CA 92020

PLEASE NOTE: City Hall offices will be closed for holiday observances from December 25, 2017 through January 2, 2018

Interviews will be held on Tuesday, January 23, 2018 at 7 P.M. in the
City Council Chambers, 200 Civic Center Way, El Cajon, CA 92020