

# Planning 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](http://www.cityofelcajon.us)

## Contact Information

**Date:**

**Last Name:**

**First Name:**

**Middle Name:**

**Home Address:**

**City:**

**State:**

**Zip Code:**

**Mailing Address:**

**City:**

**State:**

**Zip Code:**

**Home Phone:**

**Business Phone:**

**Cell phone:**

**Email:**

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 Planning Commission

**REQUIREMENT:** *Planning Commissioners must reside within the City limits*

**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