

Public Safety Facility Financing Oversight Committee Public Service Application



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

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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.

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 Public Safety Facility Financing Oversight Committee

Name:

REQUIREMENTS FOR THE AVAILABLE SEATS ARE LISTED BELOW.

One committee member, a resident or non-resident of the City of El Cajon, must be from one or more of the following occupations, in order to have a broad representation of construction and financing of public facilities. please check all that apply:

- California Licensed Architect with experience designing and building commercial, industrial or governmental buildings
- California Licensed General Contractor with experience constructing commercial, industrial or governmental buildings
- California Licensed Civil Engineer with experience designing and building commercial, industrial or governmental buildings
- Building/Property Manager with experience in the management of commercial buildings
- Construction Estimator with experience in estimating the construction of large-scale projects
- California Certified Public Accountant with experience in professional accounting

Three members of the committee must be residents of the City of El Cajon and meet one of the following occupations or categories. Please check all that apply:

- Business Owner from the El Cajon Business Community
- Member of a bona fide tax payers' association or organization
- Public Safety Employee (i.e. either police or fire personnel) either retired from service or not employed by the city
- A resident elector of the City of El Cajon

Applicant Information for Public Safety Facility Financing Oversight Committee

Name:

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

How long have you lived in El Cajon?

San Diego County?

Are you available for meetings in the : 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 any 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