



Date Received:

PLANNING COMMISSION PUBLIC SERVICE APPLICATION

Thank you for your interest in serving the community as a member of the El Cajon Planning Commission.

Name: _____ Date: _____

The following questions represent the minimum qualifications to serve on the El Cajon City Council:

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

How long have you lived in El Cajon? _____

**APPLICATIONS MUST BE PRINTED, SIGNED, AND DELIVERED TO THE CITY CLERK BY:
THURSDAY, JUNE 27, 2019 AT 4:30 PM**

NOTE: Once a Planning Commission application is filed with the City, it becomes a public record and is available to the public.

GENERAL INFORMATION

Term of Office & Position Type: The term of office will begin upon appointment and continue until the end of the original four year term, January 31, 2023.

City Council: The City of El Cajon is a charter city with a popularly elected mayor and a council-manager system of government. The five City Council members are elected for overlapping four-year terms with elections held in November of even-numbered years.

Form 700: Upon appointment, the candidate is required to file Form 700 according to the provisions of the Political Reform Act, the Fair Political Practices Commission, and the City's Conflict of Interest.

Selection Process: The City Council will consider applications at the July 9, 7:00 p.m. City Council meeting. If you are unable to attend at this time, please contact the City Clerk's Office to make alternate arrangements.

Applicant's Name:

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

SUPPLEMENTAL QUESTIONNAIRE

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 an employee of the City of El Cajon? Yes No

If yes, please indicate name and relationship:

Are you a register voter? Yes No

If no, please explain:

EMPLOYMENT & EDUCATION

Please list education, training, or special qualifications that you believe best qualifies you for this position.

Please 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 were at this company:

Name of Employer: _____

Last job title: _____

Dates of employment: From: To:

List the duties performed while you were at this company:

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Last job title: _____

Dates of employment: From: To:

List the duties performed while you were at this company:

ADDITIONAL QUESTIONS

Please describe any experience in public, civic, and charitable offices and/or any other activities that you believe help you contribute while serving in this position.

ELIGIBILITY CERTIFICATION

By signing below, I _____, certify that the information is true and correct to the best of my knowledge.

SIGNATURE _____ DATE _____