



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: \_\_\_\_\_

### ***Planning Commission Requirements:***

1. ***Residency:*** According to Section 2.24.030 of the El Cajon Municipal Code, applicants must be a resident of the City at the time of applying for a commission and continue to reside in the City during the term of office.
2. ***Conflict of Interest Code:*** Planning Commissioners are required to file a Form 700 according to provisions of the Political Reform Act, the Fair Political Practices Commission, and the City's Conflict of Interest Code.

### ***The following questions represent the minimum qualifications to serve on the El Cajon City Planning Committee:***

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

How long have you lived in El Cajon? \_\_\_\_\_

Are you available for meetings in the: Mornings  Evenings  Both

**APPLICATIONS MUST BE PRINTED, SIGNED, AND DELIVERED TO THE CITY CLERK BY:**

**WEDNESDAY, FEBRUARY 5, 2020 AT 5:00 PM**

***NOTE:*** Once a public service 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, 2024.

**Selection Process:** The City Council will consider applications at the Tuesday, February 11, 2020 at the 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: \_\_\_\_\_

***If you choose to provide more information to any of the following questionnaires, please attach additional pages to this application form.***

**SUPPLEMENTAL QUESTIONNAIRE**

**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 employees 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:

**Please list your education, training, or special qualifications, which might be relevant to this position:**

**Please list your membership in service, 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 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:**

**Please describe any experience in public, civic, and charitable offices and/or any other activities that you believe will 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 \_\_\_\_\_