



# City of Sacramento

## Application for Appointment to Boards/Commissions and Committees

**INSTRUCTIONS:** Provide **all** information requested; use **black ink**; any attachments must be single sided on 8.5 X 11 paper. If you will be representing an organization, you must include a letter from the organization recommending you as their representative. **Note: All information provided on this form is public record. Return this completed application form to:** Office of the City Clerk, Historic City Hall, 915 I Street, 1<sup>st</sup> Floor, Sacramento, CA 95814. Tel: (916) 808-7200.

**IMPORTANT: Letters of recommendation must be submitted as a part of this application, and will not be accepted after your application is filed with the City Clerk's Office.**

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**BOARD / COMMISSION OR COMMITTEE NAME:** \_\_\_\_\_

**CATEGORY FOR WHICH YOU ARE APPLYING:** \_\_\_\_\_

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Applicant Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Street # City State Zip

Mailing Address (if different than home address): \_\_\_\_\_

Resident of City Council District No: \_\_\_\_\_ Community Planning Area No.: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address \_\_\_\_\_  
Street # City State Zip

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please state the reason you would like to be a member of this board/commission: \_\_\_\_\_

Have you served on an advisory group before? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Do you, or an immediate family member, have any relationship (professional, financial, other) that may present a potential conflict of interest for this advisory group? **Circle:** Yes / No

If yes, please explain: \_\_\_\_\_

City Code Chapter 2.40, Section: Article II. Attendance, states board/commission members are required to attend meetings on a regular basis. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member? **Circle:** Yes / No

Pursuant to City Code Chapter 2.40, Section: Article I. Appointment Procedures, completion of this form is required to be submitted by applicants to City Boards, Commissions and Committees.

**BACKGROUND INFORMATION**

**You may also attach a resume** reflecting experience, community activities or other qualifications not listed below that would be helpful to the Council in evaluating your application.

**EDUCATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORK EXPERIENCE:** List names, addresses & dates of employment for the last five (5) years. Attach additional sheets of paper if needed.

FROM: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ EMPLOYER NAME: \_\_\_\_\_  
TO: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ EMPLOYER ADDRESS: \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FROM: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ EMPLOYER NAME: \_\_\_\_\_  
TO: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ EMPLOYER ADDRESS: \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FROM: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ EMPLOYER NAME: \_\_\_\_\_  
TO: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ EMPLOYER ADDRESS: \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BUSINESS ENTERPRISES:** List business name including fictitious name and address of any business enterprises currently or previous owned or operated

FROM: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ BUSINESS NAME: \_\_\_\_\_  
TO: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ ADDRESS: \_\_\_\_\_  
TYPE OF BUSINESS OR SERVICE RENDERED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CITY OF SACRAMENTO –  
APPLICATION FOR APPOINTMENT/BACKGROUND INFORMATION**

\_\_\_\_\_  
**APPLICANT NAME**

**CONVICTIONS:** Conviction of a crime is not necessarily a bar to appointment. Each case is considered separately based on requirements of the position; however, failure to list convictions, may result in disqualification.

Have you ever been convicted by a court of a felony? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List each civil action, if any, in which punitive or exemplary damages have been assessed against you, indicating in each instance the date of the trial, court judgment and the location of the court which rendered the judgment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I DECLARE, UNDER PENALTY OF PERJURY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(original signature is required)

*PLEASE IDENTIFY ANY SPECIALIZED ACCOMMODATIONS NEEDED FOR EQUAL PARTICIPATION:* \_\_\_\_\_  
\_\_\_\_\_

**The following information is voluntary and is gathered in accordance with State and Federal laws for the purpose of evaluating the effectiveness of our Affirmative Action and recruitment efforts.**

Please circle:            Male / Female

Mark the applicable box:

- |   |   |
|---|---|
| _____ Caucasian                         | Not Hispanic origin. All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.   |
| _____ African/American                  | All persons having origins in any of the Black racial groups of Africa. Not Hispanic origin.  |
| _____ Hispanic                          | All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.   |
| _____ Asian or Pacific Islander         | All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or Pacific Islands (excluding the Philippine Islands). This area includes for example China, Japan, Korea and Samoa. |
| _____ American Indian or Alaskan Native | All persons having origins in any of the original peoples of North America, and who maintain cultural identifications through tribal affiliation or community recognition. Please identify your tribal affiliation: _____.              |
| _____ Filipino                          | All persons having origins in the Philippine Islands.   |