

APPLICATION FOR APPOINTMENT TO SACRAMENTO COUNTY BOARDS, COMMISSIONS AND COMMITTEES

https://sccob.saccounty.gov/Pages/BoardsandCommissions.aspx

APPLICATIONS CAN BE MAILED TO THE CLERK

OF THE BOARD OF SUPERVISORS

700 H STREET, SUITE 2450, SACRAMENTO, CA 95814

OR E-MAILED TO BOARDCLERK@SACCOUNTY.GOV FOR FILING

Application F	-or:			
	Nan	Seat Category/Type		
Mr. / Mrs. / N		· N		N. (1)
Home Addre		t Name	First	MI
nome Addre		et Address	City	Zip Code
Mailing Addr		ot / tadiooo	Only	2.10 0000
		et Address	City	Zip Code
		sorial District in which you reside	:	Incumbent? Y / N
Do you live i	n an Incor	porated City? Y / N	If so, which City?	
Phone Numb				
	Hon	ne Work	Cell	Fax
E-mail Addre	ess(es):			
Employment		Please list your employment history for any gap(s) in employment. Please cont	inue on a separate piece of pape	r if necessary.
From/		Name and Address of Employer	Position/Duties	Reason for Leaving
From: T	<u></u> 0:			
From/To		Name and Address of Employe	r Position/Duties	Reason for Leaving
From: T	o:			
From	/To	Name and Address of Employe	r Position/Duties	Reason for Leaving
From: T	o:			
Office	Use	Onlv		
		<i></i>	Coat #/Danlages	
			Seat #/Replaces	
		Appo	intment Expiration Date	
			Term Expiration Date	

EDUCATION - Please check all applica	ble boxes if you poss	ess one of the following:						
High School Diploma								
G. E. D.								
CA High School Proficiency	CA High School Proficiency Certificate							
Name(s) of College/University	Units Earned	Course of Study/Major	Degree Awarded					
			-					
		Na 🗔						
Have you ever been convicted of a felor	ny? Yes	No						
Community experience and affiliations:								
Other County Boards/Commissions/Com	nmittees on which yo	u have served:						
Other experience you feel would be helpful to the Board of Supervisors in making this appointment:								
, , , , , , , , , , , , , , , , , , , ,								
Do you or any member of your immedia	to family work for the	County of Coordments or hold	a position that might					
Do you or any member of your immedia conflict with your duties for this Board/C			a position that might					
,	, , ,	•						
REFERENCES: E	<u>Please list three refe</u>	rences with telephone number	<u>ers</u>					
		ED TO COMPLETE A ST						
OF ECONOMIC INTERESTS (FORM 700), YOU MUST FILE THE FORM WITH THE								
CLERK OF THE BOARD PRIOF	K IO IAKING AN	Y ACTION AS A MEMBE	K OF THIS BOARD.					
Date		Original Or Electroni	c signature					

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