

Please return to:  
CITY CLERK  
6500 Palma Avenue  
Atascadero, CA 93422



## CITY OF ATASCADERO BOARD, COMMITTEE & COMMISSION APPLICATION

**Please Note:** You must meet the minimum qualifications of the Board, Committee or Commission applied for. Minimum qualifications are subject to verification. Please complete the *Supplemental Questionnaire* for the Commission for which you are applying.

**Citizens' Sales Tax Oversight Committee:** A resident of the City.

**Planning Commission:** A registered voter and resident of the City.

### APPLICATION FOR:

Planning Commission     Citizens' Sales Tax Oversight Committee

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

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Are you a resident of the City of Atascadero? \_\_\_\_\_ How Long? \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

PLEASE EXPLAIN WHY YOU WISH TO SERVE ON THIS BOARD/COMMITTEE/COMMISSION:

---

---

---

---

---

---

---

---

### EMPLOYMENT INFORMATION

Current or most recent employer: \_\_\_\_\_

Title of position held: \_\_\_\_\_ Length of employment: \_\_\_\_\_

### EDUCATION INFORMATION:

---

---

\_\_\_\_\_  
Applicant's Name

PRIOR INVOLVEMENT IN COMMUNITY, VOLUNTEER, PROFESSIONAL OR OTHER ORGANIZATIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER CITY COMMISSIONS, COMMITTEES OR BOARDS PREVIOUSLY OR CURRENTLY SERVING ON:

\_\_\_\_\_  
\_\_\_\_\_

RELEVANT TRAINING, EXPERIENCE, CERTIFICATES OF TRAINING, LICENSES OR PROFESSIONAL REGISTRATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn about this vacancy?

Newspaper Article \_\_\_\_\_ Newspaper Ad \_\_\_\_\_ Community Group \_\_\_\_\_ Word of Mouth \_\_\_\_\_

Library \_\_\_\_\_ City Hall \_\_\_\_\_ Place of Employment \_\_\_\_\_ Other (specify): \_\_\_\_\_

***Feel free to attach a resume or other information about yourself.  
If applying for a Planning Commission, please complete the supplemental questionnaire.***

I hereby certify, under penalty of perjury, that the information on this application and attached supplement are true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_