

SUBMIT TO:

CITY CLERK
1600 Truxtun Avenue
Bakersfield, CA 93301
(661) 326-3767 Phone No.
(661) 323-3780 Fax No.

CLERK'S OFFICE USE ONLY:
CITY OF BAKERSFIELD
RESIDENT: YES NO
WARD NO. 1 2 3 4 5 6 7

**CITY OF BAKERSFIELD
APPLICATION FOR APPOINTMENT**

APPLICANTS ARE ENCOURAGED TO CONTACT EACH COUNCILMEMBER TO COMMUNICATE THEIR INTEREST FOR APPOINTMENT.

1. Mr. _____
Mrs. _____
Ms. First Middle Last

2. Residence address: _____

City County State Zip

Phone (_____) _____

3. Position(s) sought: (List in order of preference)

1) _____

2) _____

3) _____

4) _____

4. Business Title or Occupation: _____

Company: _____

Address: _____

City County State Zip

Phone (_____) _____

5. Education - List schools attended and/or graduated/degree(s):

6. Other Special Training or Experience:

7. Previous and present governmental and civic experience. Indicate when, position and duties:

8. Please explain why you wish to serve on a Board/Commission for the City of Bakersfield:

9. Do you have any interests or associations which might present a conflict of interest? If yes, please explain:

Please attach your resume, and any additional information or statements which you feel would be helpful in reviewing your qualifications.

AUTHORIZATION AND RELEASE

I understand that in connection with this application for appointment, the information contained herein will be made available to the general public upon request.

Signature of Applicant

Date

INFORMATION FOR CITY ROSTER AND INTERNET

Please provide the City Clerk's Office with the following information:

NAME: _____

ADDRESS: _____

PHONE NUMBERS: HOME: _____
AND/OR
WORK: _____

E-MAIL ADDRESS _____

AUTHORIZATION AND RELEASE

If appointed, this information will be printed in the **Roster of Councilmembers and Officials, Commissions/Committees**. In addition, this information will be provided on the City's Internet site at www.bakersfieldcity.us.

I understand that in connection with this application for appointment, the information contained herein will be made available to the general public upon request.

Signature of Applicant

Date

NOTE: This document is a public record and may be disclosed/released pursuant to the California Public Records Act.

SECTION 33130 DISCLOSURE STATEMENT

I, _____, HEREBY STATE THE FOLLOWING:
(Please Print)

1. _____ YES, I own property that is included in an existing project area, or in an area presently being processed for inclusion in a Redevelopment Project Area.
2. _____ YES, I have a direct or indirect financial interest in property that is included in an existing project area or in an area presently being processed for inclusion in a Redevelopment Project Area.
3. _____ NO, I have no ownership or financial interest in property that requires Disclosure in accordance with Section 33130 of the Health and Safety Code.

If YES to Item No. 1 or 2, please list address of property concerned (use additional page if necessary):

1. _____
2. _____
3. _____
4. _____
5. _____

If YES to Item No. 2., please describe the direct or indirect financial interest in any property (Leasehold, Easements, Beneficiary of Deed of Trust, etc.)

Signature

Date