

APPLICATION FOR APPOINTMENT TO SACRAMENTO COUNTY **BOARDS, COMMISSIONS AND COMMITTEES**

http://www.sccob.saccounty.net/pages/boards.html

ORIGINAL APPLICATIONS MUST BE FILED WITH THE CLERK OF THE BOARD OF SUPERVISORS 700 H STREET, SUITE 2450, SACRAMENTO, CA 95814 FAXED AND E-MAILED APPLICATIONS WILL NOT BE ACCEPTED FOR FILING

PLEASE PRINT O				
Application for Appoi		Planning Commiss	on.	
Ellin o David de la Rata		-	OII	
Filing Period as listed	d on the announceme	nt:		
Seat Type for which	Incumbent? Y / N			
Mr. / Mrs. / Ms.				
La	st		First	MI
Home Address:				
St	reet Address		City	Zip Code
Mailing Address:				
	reet Address		City	Zip Code
Supervisorial District	in which you reside:		(This information is available fro	om the Clerk's Office at 874-5411.)
Do you live within an	incorporated city?	Y / N	Which city?	
Phone Numbers:				
Ho	ome	Work	Cell	Fax
E-mail Address(es <u>):</u>				
Time(s) available to a	attend meetings (days	s, evenings, etc.):	
Office Use only				Office Use only
· · · · · · · · · · · · · · · · · · ·				,
		Seat	# / Replaces	
		Appointn	nent Expires:	
		T	erm Expires:	

be helpful to the Board in evaluating your	application.	
Education:		
Employment Experience:		
Community Experience and Affiliations:		
Other County Boards, Commissions and/o	or Committees on whic	ch you have served:
Other experience you feel would be helpfu	ul to the Board of Supe	ervisors in making this appointment:
Do you or any member of your immediate conflict with your duties for this Board/Cor		ounty of Sacramento or hold a position that might se explain:
		a request for references - with telephone numbers
-		
-		
APPLICANTS ARE REQUI	RED BY STATE I	LAW AND COUNTY ORDINANCE
		DSURE STATEMENT
AS PART C	OF THE APPOINT	MENT PROCESS
Dete		Original signature as existed
Date		Original signature required

EDUCATION / EXPERIENCE: A resume may be attached containing this and any other information that would

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