

PLANNING COMMISSION APPLICATION

***** This application is to be used only when applying for the COUNTY PLANNING COMMISSION or Sacramento County COMMUNITY PLANNING ADVISORY COUNCILS, and the DELTA CITIZENS MUNICIPAL ADVISORY COUNCIL***

FILING INSTRUCTIONS

- At the time of filing, each applicant shall prepare a statement which is to be attached to the application.
The purpose of this statement is to acquaint members of the community with the applicant and may be posted on the Clerk of the Board's website.
- The statement shall be limited to no more than 200 words.
- Applicant statements are not to refer to other applicants or persons currently or previously affiliated with the County Planning Commission or any of the Community Planning Advisory Councils in any manner.
- If appointed to one of these boards, you will be required to file a Financial Disclosure Statement with our office and take a two-hour Ethics Training course for Local Officials from the Fair Political Practices Commission's website.
Only certificates issued by the FPPC or certificates distributed at a biennial training class given by the County of Sacramento will be accepted as valid proof of participation.

**APPLICATION PACKAGES MUST BE
SUBMITTED DURING THE FILING PERIOD TO THE
CLERK OF THE BOARD'S OFFICE
700 H STREET, SUITE 2450
SACRAMENTO, CA 95814**

OR E-MAILED TO BOARDCLERK@SACCOUNTY.GOV



**APPLICATION FOR APPOINTMENT TO
SACRAMENTO COUNTY PLANNING COMMISSIONS**

<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**

PLEASE PRINT OR TYPE:

Application for Appointment to: _____
Commission Name

Mr. / Mrs. / Ms. _____
Last First MI

Home Address: _____
Street Address City Zip Code

Mailing Address: _____
Street Address City Zip Code

Supervisorial District in which you reside: _____ Incumbent? Y / N
(This information is available from www.saccounty.gov/supervisorlookup)

Phone Numbers: _____
Home Work Cell Fax

E-mail Address(es): _____

Employment History: Please list your employment history for the last ten years beginning with your most recent job.
Explain any gap(s) in employment.

From/To		Name and Address of Employer	Position/Duties	Reason for Leaving
From:	To:			
From/To		Name and Address of Employer	Position/Duties	Reason for Leaving
From:	To:			
From/To		Name and Address of Employer	Position/Duties	Reason for Leaving
From:	To:			

Office Use Only

_____	_____ <i>Applicant's Statement Rec'd?</i> _____	_____ <i>Seat #/Replaces:</i> _____
_____	_____ <i>Ethic's Training Cert Expiration Date</i> _____	_____ <i>Appointment Expiration Date</i> _____
_____	_____ <i>Maximum # of yrs eligible to serve</i> _____	_____ <i>Term Expiration Date</i> _____

EDUCATION - Please check all applicable boxes if you possess one of the following:

- High School Diploma
- G. E. D.
- CA High School Proficiency Certificate

Name(s) of College/University	Units Earned	Course of Study/Major	Degree Awarded

Have you ever been convicted of a felony? Yes No

Community experience and affiliations: _____

Other County Boards/Commissions/Committees on which you 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 immediate family work for the County of Sacramento or hold a position that might conflict with your duties for this Board/Commission? If yes, please explain:

REFERENCES: Please list three references with telephone numbers

_____	_____
_____	_____
_____	_____

IF APPOINTED, YOU WILL BE REQUIRED TO FILE A STATEMENT OF ECONOMIC INTERESTS (FORM 700) WITH THE CLERK OF THE BOARD PRIOR TO TAKING ANY ACTION AS A MEMBER OF THIS BOARD.



_____ Date

_____ Original or Electronic signature

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