

FILING DIRECTIONS

- At the time of filing, each applicant shall prepare a statement to be attached to the application form.

The purpose of the statement is to acquaint community members with the applicant's qualifications. It will be posted on the Clerk of the Board's website which is accessible to members of the public.

- The statement shall be limited to no more than 200 words and contain the name and occupation of the applicant and a brief description of the applicant's education and qualifications.

- Applicant photographs are not permitted.

- Applicant statements are not to refer to other applicants or current members of the County Planning Commission or Community Planning Commissions in any manner.

If you use someone else's name in your statement, at the time of filing, you must also submit an authorization letter from them stating that they are giving you permission to use their name in this manner. Such letters must be signed and dated.

- Applications received without the required Applicant's Statement and/or needed authorization letter(s) will not be filed until such time as the entire package is received in the Clerk of the Board's office.

- If appointed, you will be required to file a Financial Disclosure Statement and submit a valid Certificate of Completion of an AB 1234 Ethics Training class for Local Officials.

**ORIGINAL 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**

FAXED AND E-MAILED APPLICATIONS WILL NOT BE ACCEPTED FOR FILING



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

<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 OR TYPE:

Application for Appointment to: _____
Name of Planning Commission

Filing Period as listed on the announcement: _____

Seat Type for which you are applying: _____ Incumbent? Y / N

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: _____ (This information is available from the Clerk's Office at 874-5411.)

Do you live within an incorporated city? Y / N Which city? _____

Phone Numbers: _____
Home Work Cell Fax

E-mail Address(es): _____

Time(s) available to attend meetings (days, evenings, etc.): _____

Office Use only *Office Use only*

_____ *Applicant's Statement - # of Words* _____ *Seat # / Replaces*

_____ *Maximum # of yrs eligible to serve* _____ *Appt*

_____ *Ethic's Training Cert Expires* _____ *Term*

EDUCATION/EXPERIENCE: *A resume may be attached containing this and any other information that would be helpful to the Board in evaluating your application.*

Education: _____

Employment Experience: _____

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

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**APPLICANTS ARE REQUIRED BY STATE LAW AND COUNTY ORDINANCE
TO FILE A FINANCIAL DISCLOSURE STATEMENT
AS PART OF THE APPOINTMENT PROCESS**

_____  _____
Date Original signature required

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