PLEASE ATTACH A CURRENT COPY OF A UTILITY BILL AND A COPY OF YOUR PHOTO ID

CITY OF BALDWIN PARK
APPLICATION FOR CITY COMMISSION
And
STATEMENT OF QUALIFICATIONS

APPLICATION IS FOR THE FOLLOWING COMMISSION: ⟶
(A separate application is required for each commission)

PERSONAL INFORMATION:

Name_____

Residence Address_____

Length of time at this Address:_____ E-mail address:_____

Home Phone No._____ Cell/Message Phone No._____

Are you 18 years of age or older? _____ Are you registered to vote in the City of Baldwin Park?_____

Do you currently serve as an elected or appointed official for any board and/or agency within the City of Baldwin Park? _____
If yes, name of agency and position:_____

EDUCATION:

Circle Highest grade you completed: 1 2 3 4 5 6 7 8 9 10 11 12 High School Graduate? _____ G.E.D.?_____

Name and Location of College or University	Course of Study	Degree

EMPLOYMENT INFORMATION / EXPERIENCE:

Name and Address of Employer(s)	Position Title	Dates of Employment

REFERENCES: Please provide the names of two (@) persons, who are not City of Baldwin Park Elected or Appointed Officials and who can comment on your capabilities and character.

Name	Address	Phone No.

IMPORTANT: Read the following carefully and answer completely. A conviction is not an automatic bar to appointment. Each case is considered on its individual merits.

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR OTHER THAN A MINOR TRAFFIC VIOLATION?_____

If yes, Please list all offenses, date and place of offense(s), and sentence/fine received:

_____

_____

ACKNOWLEDGEMENT/CERTIFICATION:
I understand that upon filing, this application becomes a public record. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____ _____

Date **Signature**

Do Not Write Below this Line - For City Use Only

Residency verification: ☐ Yes ☐ No Date:_____ Voter Registration Verification: ☐ Yes ☐ No

Residency verification: ☐ Yes ☐ No Date:_____ Appointment date: _____

Residency verification: ☐ Yes ☐ No Date:_____ Term expires:_____

Name_____ Commission Requested:_____

STATEMENT OF QUALIFICATIONS:

Use this space to list your goals and objectives and why you feel you should be appointed to the commission for which you are applying. Please include any additional information you feel will be beneficial to the Council in consideration of your appointment to this commission.

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Date:_____ _____
Signature

Notice: Please be advised that you and your qualifications may be discussed by the City Council at an open meeting.

This Application and Statement of Qualification will be kept on file for two (2) years. During this time, should a vacancy occur in the commission for which you have requested consideration of appointment, your application will be included in the pool of applicants provided however, that you submit current proof of residency at the time of said recruitment. Failure to provide current proof of residency with each recruitment will invalidate this application.