

Please return to:  
CITY CLERK  
6500 Palma Avenue  
Atascadero, CA 93422



## CITY OF ATASCADERO BOARD, COMMITTEE & COMMISSION APPLICATION

**Please Note:** You must meet the minimum qualifications of the Board, Committee or Commission applied for. Minimum qualifications are subject to verification. Please complete the *Supplemental Questionnaire* for the Commission for which you are applying.

**Citizens' Sales Tax Oversight Committee:** A resident of the City.

**Planning Commission:** A registered voter and resident of the City.

### APPLICATION FOR:

Planning Commission     Citizens' Sales Tax Oversight Committee

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Are you a resident of the City of Atascadero? \_\_\_\_\_ How Long? \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

PLEASE EXPLAIN WHY YOU WISH TO SERVE ON THIS BOARD/COMMITTEE/COMMISSION:

### EMPLOYMENT INFORMATION

Current or most recent employer: \_\_\_\_\_

Title of position held: \_\_\_\_\_ Length of employment: \_\_\_\_\_

### EDUCATION INFORMATION:

\_\_\_\_\_  
Applicant's Name

PRIOR INVOLVEMENT IN COMMUNITY, VOLUNTEER, PROFESSIONAL OR OTHER ORGANIZATIONS:

OTHER CITY COMMISSIONS, COMMITTEES OR BOARDS PREVIOUSLY OR CURRENTLY SERVING ON:

RELEVANT TRAINING, EXPERIENCE, CERTIFICATES OF TRAINING, LICENSES OR PROFESSIONAL REGISTRATION:

How did you learn about this vacancy?

Newspaper Article \_\_\_\_\_ Newspaper Ad \_\_\_\_\_ Community Group \_\_\_\_\_ Word of Mouth \_\_\_\_\_

City Hall \_\_\_\_\_ Place of Employment \_\_\_\_\_ Other (specify): \_\_\_\_\_

***Feel free to attach a resume or other information about yourself.  
If applying for Planning Commission, please complete the supplemental questionnaire.***

I hereby certify, under penalty of perjury, that the information on this application and attached supplement are true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This application is a public document and may be made available to the public for review upon request. Applicants are advised they may be requested to file a Statement of Economic Interest, pursuant to the Fair Political Practices regulations. Information will be provided by the City Clerk.**



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Applicant's Name

7. If appointed, what specific goals would you like to see the Planning Commission achieve?

8. If there is additional information you would like to share about yourself, please use the following space provided (*optional*).

I hereby certify that the foregoing information is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_