



CITY OF SALINAS
COMMISSION/BOARD/COMMITTEE APPLICATION FORM

*Return completed application to: Office of the City Clerk
City of Salinas, 200 Lincoln Avenue
Salinas, CA 93901*

Please Print or Type. If you need more space, attach a separate sheet. Completed applications are public information.

Application to serve on: _____ *(Name of Commission)*

Name: _____

Home Address: _____ **Salinas, 9390** _____

Mailing Address: _____

(if different)

City/Zip

Occupation: _____

Name of Firm: _____

Telephone: Work - _____ **Home -**

Background, Education, Experience: _____

Special Qualifications For Commission:

Prior Public Service or Civic Activity: _____

Willing to File Statement of Economic Interest: Yes: _____ No: _____

Able to Attend Meetings During Scheduled Hours: Yes: _____ No: _____

Do you certify that you are eligible to vote for Yes: _____ No: _____

City elected offices (within City limits)?

How Did You Learn of the Recruitment? _____

Signature: _____ **Date:** _____