

Date to BOS _____
Appt. Date _____



LOIS M. SAHYOUN
Clerk of the Board

BOARD OF SUPERVISORS

222 EAST WEBER AVENUE, ROOM 701
STOCKTON, CALIFORNIA 95202
TELEPHONE: 209/468-3113
FAX: 209/468-3694

EDWARD A. SIMAS
Chairman
Third District

JACK SIEGLOCK
Vice Chairman
Fourth District

STEVEN GUTIERREZ
First District

DARIO L. MARENCO
Second District

ROBERT J. CABRAL
Fifth District

SAN JOAQUIN COUNTY

APPLICATION FOR APPOINTMENT TO BOARDS/COMMISSIONS/COMMITTEES

NAME _____	NAME OF COMMITTEE _____
	CATEGORY _____
SUPERVISORIAL DISTRICT _____ (IF UNKNOWN, CONTACT THE REGISTRAR'S OFFICE AT 468-2890)	RESIDENCE ADDRESS _____
HOME PHONE _____	BUSINESS ADDRESS _____
BUSINESS PHONE _____	OCCUPATION _____
HOW DID YOU LEARN OF THE OPENING? _____	
PLEASE STATE BRIEFLY YOUR EXPERIENCES WHICH YOU FEEL WILL BE HELPFUL WHEN YOU SERVE ON THIS COMMITTEE: _____	

OTHER INFORMATION MAY BE SUBMITTED BY RESUME IF DESIRED.	
SUMMARY OF BACKGROUND & SKILLS: _____	

PROFESSIONAL EXPERIENCE: _____

EDUCATION: _____

PROFESSIONAL AND/OR COMMUNITY ORGANIZATIONS: _____

PERSONAL INTERESTS & HOBBIES: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY WHICH WOULD DISQUALIFY YOU FROM APPOINTMENT? (IF THE ANSWER IS YES, PLEASE LIST THE NATURE OF THE CONVICTION AND THE DATE AND COURT IN WHICH THE CONVICTION WAS ENTERED): _____

IF YOU ARE APPOINTED, YOU MAY BE REQUIRED TO BE BONDED FOR YOUR PERFORMANCE. IF YOU ARE APPOINTED AND CANNOT BE BONDED AS REQUIRED, YOUR APPOINTMENT WILL BE REVOKED.

IF YOU DESIRE A PERSONAL INTERVIEW OR WISH TO ADDRESS THE BOARD, YOU MAY CONTACT THE BOARD OF SUPERVISORS OFFICE DIRECTLY AT 468-3113.

PLEASE RETURN APPLICATION TO: CLERK OF THE BOARD
222 E. WEBER AVENUE, # 701
STOCKTON, CA 95202
ATTN: AIDA

SIGNATURE

DATE