



**COUNTY OF SACRAMENTO
APPLICATION FOR APPOINTMENT TO
COUNTY BOARDS, COMMISSIONS AND COMMITTEES**

<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**

PLEASE PRINT OR TYPE:

Application for Appointment to: _____
Name of Board, Commission or Committee

Filing Period as listed on the announcement: _____

Category 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: _____

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

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 MAY BE 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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For office use only

Seat #/Replaces: _____

Term: _____

Appt: _____