



COMMITTEE – APPLICATION

Downtown Revitalization

(This is a Public Record Subject to Disclosure)

Name of Committee _____

Name of Applicant ___ Ms. ___ Mrs. ___ Mr. _____

Residence Street Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Phone (home) _____ (cell) _____ (work) _____

Email Address _____ Length of time at residence _____

Employer _____

Experience or Special Knowledge Pertaining to Area of Interest

Employment Experience

Organization and Community/Public Service/Experience

Education (high school, college, trade school or training)

Note: There is no specific educational requirement

Do you have any financial or professional interest or association related to this position?

_____ Yes _____ No If yes, please explain.

Please list three references with telephone numbers:

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

A resume containing other pertinent information about yourself would be helpful to the City Council in evaluating your application (Optional).

APPLICATION CERTIFICATION: PLEASE READ BELOW BEFORE SIGNING.

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may result in denial of appointment.

I hereby authorize representatives of the City of Patterson to contact organizations (including employers and schools) and individuals listed, for the purpose of establishing or verifying my qualifications and work history in connection with this application. I understand and acknowledge that such information will be used confidentially and for the purpose of appointment decisions only.

I understand and hereby accept that if the City Council of the City of Patterson appoints me to a City of Patterson Committee, I will serve without pay and may be subject to the filings of the Fair Political Practices Commission (*Statement of Economic Interest, Form 700*).

I hereby further understand and accept that per City Ordinance No. 718, if I am appointed, I will be required to pass a Department of Justice (DOJ) fingerprint (background) test.

Date _____ Signature _____

File this application with:

The City Clerk of the City of Patterson
P.O. Box 667
1 Plaza, 2nd Floor
Patterson, CA 95363
Web Site www.ci.patterson.ca.us
Email cityclerk@ci.patterson.ca.us
Direct No. (209) 895-8014

(The City Clerk's Office will keep your application on file for one (1) year from the date stamped received)