



# COMMITTEE – APPLICATION

## Public Safety

(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, 2<sup>nd</sup> Floor  
Patterson, CA 95363  
Web Site [www.ci.patterson.ca.us](http://www.ci.patterson.ca.us)  
Email [cityclerk@ci.patterson.ca.us](mailto: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)