



SUBMIT TO:

City Clerk
909 W. Visalia Road
Farmersville, Ca. 93223
559-747-0458

**CITY OF FARMERSVILLE
APPLICATION FOR COMMISSION APPOINTMENT**

APPLICANTS ARE ENCOURAGED TO CONTACT A COUNCILMEMBER TO COMMUNICATE THEIR INTEREST FOR APPOINTMENT.

1. _____
First Middle Last

2. Residence address: _____

City County State Zip

Cell/Home
Phone(_____) _____

Email Address: _____

3. Position sought: (List in order of preference)

1) _____

2) _____

3) _____

4. Business Title or Occupation: _____

Company: _____

Address: _____

City County State Zip

Phone (_____) _____



5. Education- List schools attended and/or graduated/degree(s):

6. Other Special Training or Experience:

7. Previous and present governmental and civic experience. Indicate when, position and duties:

8. Please explain why you wish to serve on a Commission for The City of Farmersville:

9. Do you have any interests or associations which might present a conflict of interest? If yes, please explain:

Please attach your resume, and any additional information or statements which you feel would be helpful in reviewing your qualifications.

AUTHORIZATION AND RELEASE

I understand that in connection with this application for appointment, this document and the information contained herein will be made available to the general public upon request.

Signature of Applicant

Date