

APPLICATION FOR APPOINTMENT

OFFICE USE ONLY
City Resident: Yes No
Registered Voter Yes No

APPLICANTS ARE ENCOURAGED TO CONTACT EACH COUNCIL MEMBER TO COMMUNICATE THEIR INTEREST FOR APPOINTMENT.

**Submit Application To: City Clerk's Office
115 South Robinson Street
Tehachapi, CA 93561**

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Email _____

Position(s) Sought: (List in order of preference)

1. _____

2. _____

3. _____

4. _____

Occupation _____

Business Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Education - List schools attended and/or graduated, as well as degree(s):

Other special training or experience:

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

Please explain why you wish to serve on a Board/Commission for the City of Tehachapi:

Do you have any interests or associations that might present a conflict of interest? Yes If yes, please explain below. No

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

AUTHORIZATION AND RELEASE

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

Signature Field _____

Date/Time Field _____

NOTE: This document is a public record and may be disclosed/released pursuant to the California Public Records Act