



**APPLICATION FOR APPOINTMENT  
TO THE  
CITY OF SANGER CITIZEN'S OVERSIGHT COMMITTEE**

\_\_\_\_\_

(Last Name)                                      (First Name)                                      (MI)

\_\_\_\_\_

(Address)                                      (City)                                      (State)                                      (Zip Code)

\_\_\_\_\_

(Residence Phone)                                      (Cell Phone)                                      (Email)

Resident of Sanger for \_\_\_\_\_ years. Sanger Registered Voter: Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a United States Citizen?    Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been arrested or convicted of a felony?    Yes \_\_\_\_\_ No \_\_\_\_\_

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**TRAINING, EXPERIENCE and/or EDUCATION:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SCHOOL	MAJOR	GRADUATION DATE & DEGREE

Community activities in which you are involved:

\_\_\_\_\_

\_\_\_\_\_

List any appointed public boards or commissions on which you have served:

\_\_\_\_\_

\_\_\_\_\_

(Please complete reverse side)

Briefly state why you wish to serve on the City of Sanger Citizen's Oversight Committee:

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If you wish, you may list references in the space provided below:

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**EMPLOYMENT INFORMATION:**

Present Occupation: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

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**PLEASE NOTE THAT THIS APPLICATION BECOMES PUBLIC INFORMATION**

I hereby certify that the information contained in this application and any accompanying documents is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

You are invited to attach additional pages, enclose a copy of your resume or submit supplemental information which you feel may assist the City Council in its evaluation of your application.

When completed mail/submit original to:

*Office of the City Clerk  
City of Sanger  
1700 7<sup>th</sup> Street  
Sanger, CA 93657*