



**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 _____

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:

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

EMPLOYMENT INFORMATION:

Present Occupation: _____

Name of Firm: _____

Address: _____

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 7th Street
Sanger, CA 93657*