City of Lompoc

Boards, Commissions, or Committees Application



Return to City Clerk's Department, 100 Civic Center Plaza (P.O. Box 8001), Lompoc, CA 93438-8001

11ppij ing 101 (rume of Bourt	d, Commission, or Committee)						
Name: e-mail:							
Address: Home phone:							
	Work phone:						
Are you 18 yrs or older?	Age (Youth Commission Applicants ONLY)						
Are you a registered voter? If no, please explain:							
Economic Interest as requ	IMPORTANT Immissions, or Committees will be required aired by California Government Code Sect City of Lompoc Conflict of Interest Code.	*					
1.1	lic record pursuant to The California Publi be made available to any member of the p	,					
	Educational Background						
[] High School Graduate; or I	Location:						
College/University	Major	Degree/Date					
Other formal education							
	Work Experience						
List all employment during the last thr Date	ree years. If retired, list last employer. Employer	Position/Title					

We ask that you provide three (3) references (non related) – either business or personal

PLEASE OBTAIN PERMISSION FROM INDIVIDUALS BEFORE LISTING THEM AS A REFERENCE	•		• •	,	· ·	•
	PLEASE OBTAIN PERM	MISSION FROM	M INDIVIDU	ALS BEFO	RE LISTING THEM	I AS A REFERENCE

Name	Phone No.	Relationship	Years Acquainted		
Have you ever been convicted of a m	isdemeanor or fe	elony? If yes, please exp	lain		
List civic activities, clubs, association	ıs, etc.:				
Briefly state your reasons for interest	in the appointment	ent sought:			
acknowledge that any false statements or m	isrepresentations or	and I authorize investigation of all matters contain this application will be cause for refusal of payare that fingerprinting and a background investi	lacement or immediate		
Signature of Applicant		Date			
☐ MINOR'S RELEASE					
relationship exists between my child and the	e City of Lompoc.	(name of YOUTH applicant) I hereby give devents. I understand this is a volunteer positi I further agree to hold harmless the City of Longaged in the voluntary activities with the City of	mpoc in regards to any		
Parent/Legal Guardian Name & Signature:		Dat	te:		
(REMOVE Attachments A & B (Statement of Ethical Principles) and retain for your records).					
FOR US	E BY CITY CLE	ERK'S DEPARTMENT:			
Application Received By:		(Date Stamp)			
If applicable, Date Appointed:					
Term Expires:					
Date Form 700 Filed:					