



# Lompoc Community Benefit Foundation Board Member Application

Return to City of Lompoc City Clerk's Department, 100 Civic Center Plaza, Lompoc, CA 93436

Name: \_\_\_\_\_

e-mail: \_\_\_\_\_

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

Phone: \_\_\_\_\_

\_\_\_\_\_

Work phone: \_\_\_\_\_

Are you 18 yrs or older? \_\_\_\_\_

**IMPORTANT**

Appointees of certain Boards, Commissions, or Committees will be required to complete a Statement of Economic Interest as required by California Government Code Section 87200 et seq. and the City of Lompoc Conflict of Interest Code.

This application is considered a public record pursuant to The California Public Records Act (Government Code 6520 et seq.) and may be made available to any member of the public upon request.

### Educational Background

High School Graduate or  GED Location: \_\_\_\_\_

College/University

Major

Degree/Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other formal education \_\_\_\_\_

\_\_\_\_\_

### Work Experience

**Current Occupation and Employer:** \_\_\_\_\_

List all employment during the last three years. If retired, list last employer.

Date

Employer

Position/Title

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

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.**

Name	Phone No.	Relationship	Years Acquainted

Have you ever been convicted of a misdemeanor or felony? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

List civic activities, clubs, associations, etc.:

Briefly state your reasons for interest in the appointment sought:

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in the application. I acknowledge that any false statements or misrepresentations on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement.

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

**FOR USE BY CITY CLERK'S DEPARTMENT:**

(Date Stamp)

Application Received By: \_\_\_\_\_

If applicable, Date Appointed: \_\_\_\_\_

Term Expires: \_\_\_\_\_

Date Form 700 Filed: \_\_\_\_\_