

CITY OF DINUBA COMMISSION/STANDING COMMITTEE APPLICATION

New □

Re-appointment

Name of Commission Name				District
Mailing/				
Residence				
Address				
Residence Phone		Work Phone		
mail		Facsimile		
Resident of Dinuba for	years	Dinuba Re	gistered Voter: Yes	No
Oo you possess a valid Californ	io Drivor's Licons	- 9 X/ NI -		
-			_	
Have you been convicted of a fear yes, please explain: Are you related to a City of Ding	clony within the pa	st five years? Y	No	
Have you been convicted of a fe f yes, please explain:	elony within the pa	st five years? Y	No	
Have you been convicted of a feef yes, please explain: Are you related to a City of Dine	elony within the particular that the particula	st five years? Y	No	
Have you been convicted of a fe f yes, please explain: Are you related to a City of Dine Training, Experience and/or	elony within the particular that the particula	st five years? Y	, how? GRADUATION DATE &	
Have you been convicted of a fe f yes, please explain: Are you related to a City of Dine Training, Experience and/or	uba Employee? Education:	st five years? Y	, how? GRADUATION DATE &	
Have you been convicted of a fe f yes, please explain: Are you related to a City of Dim Training, Experience and/or SCHOOL	elony within the particular that the particula	st five years? Y	, how? GRADUATION DATE &	

Describe any qualifications, experience, and education, as well as any technical or professional background you may have relative to the duties of this position:				
What are your goals in serving on this Com	nmission?			
Employment Information:				
Present Occupation:				
Name of Firm:				
Address:				
Phone:				
a direct or indirect conflict of interest including conflicts of interest which may develop from	m participating in and voting on matters in which they have ng a financial interest. Are you aware of any potential your occupation or financial holdings in relation to your ion to which you seek appointment? (If yes, please explain NO			
I hereby certify that the information contained true and correct to the best of my knowledge.	d on this application and any accompanying documents is			
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 in the evaluation of your application.