



CITY OF DINUBA
COMMISSION/STANDING COMMITTEE
APPLICATION

New
Re-appointment

Name _____ Name of Commission _____ District _____

Mailing/ _____
Residence _____
Address _____

Residence Phone _____ Work Phone _____

Email _____ Facsimile _____

Resident of Dinuba for _____ years Dinuba Registered Voter: Yes _____ No _____

Do you possess a valid California Driver's License? Yes _____ No _____

Have you been convicted of a felony within the past five years? Yes _____ No _____
If yes, please explain: _____

Are you related to a City of Dinuba Employee? _____ If yes, how? _____

Training, Experience and/or Education:

SCHOOL	MAJOR	GRADUATION DATE & DEGREE

Additional Pertinent Skills, Experience or Interests: _____

Community activities in which you are involved: _____

Current or prior service on a City Board, Committee or Commission: _____

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 Commission? _____

Employment Information:

Present Occupation: _____

Name of Firm: _____

Address: _____

Phone: _____

Rules of law and ethics prohibit members from participating in and voting on matters in which they have a direct or indirect conflict of interest including a financial interest. Are you aware of any potential conflicts of interest which may develop from your occupation or financial holdings in relation to your responsibilities as a member of the Commission to which you seek appointment? (If yes, please explain in detail any potential conflicts.) YES _____ NO _____

I hereby certify that the information contained on 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 in the evaluation of your application.