



**CITY OF SALINAS
COMMISSION/BOARD/COMMITTEE
APPLICATION**

Return completed application to: *Office of the City Clerk
City of Salinas
200 Lincoln Ave
Salinas, CA 93901*

Please print or type. If you need more space, attach a separate sheet. Completed applications are public information

Application to serve on: _____

Applicant's Name: _____

Home Address: _____ **Salinas, 9390**

Mailing Address: _____
(if different) _____
City/Zip

E-mail Address: _____

Occupation: _____

Name of Firm: _____

Telephone: Work _____ **Home** _____

Background, Education, Experience: _____

Special Qualifications for Commission: _____

Prior Public Service or Civic Activity: _____

Willing to File Required Statement of Economic Interest? Yes: _____ No: _____

Willing to Participate in Ethics Training Yes: _____ No: _____

Able to Attend Meetings During Scheduled Hours? Yes: _____ No: _____

Have any financial interest in any contracts with the City? Yes: _____ No: _____

If yes, please describe: _____

How Did You Learn of the Recruitment? _____

By signing, applicants for City Commissions are declaring that they are eligible to vote in Salinas Municipal elections.

Signature: _____ **Date:** _____