

APPLICATION FOR APPOINTMENT TO THE CITY OF SANGER MEASURE S CITIZEN'S OVERSIGHT COMMITTEE

(Last Name)	(First Name)	(MI)	(MI)	
(Address)	(City)	(State)	(Zip Code)	
(Residence Phone)	(Business Phone)	(Email)		
Resident of Sanger for	years. Sanger Register	ed Voter: Yes No		
Are you a United States C	itizen? Yes No			
Have you ever been arreste	ed or convicted of a felony? Yes	No		
TRAINING, EXPERIEN	NCE and/or EDUCATION:			
SCHOOL	MAJOR	GRADUATIO	ON DATE & DEGREE	
Community activities in w	hich you are involved:			
List any appointed public	boards or commissions on which y	ou have served:		

Briefly state why you wish to serve on the City	of Sanger Citizen's Oversight Committee:
If you wish, you may list references in the space	•
EMPLOYMENT INFORMATION:	
Present Occupation:	
Name of Firm:	
Address:	
PLEASE NOTE THAT THIS APPLICAT	TION BECOMES PUBLIC INFORMATION
I hereby certify that the information contained in true and correct to the best of my knowledge.	this application and any accompanying documents is
Signature of Applicant	Date
You are invited to attach additional pages, enclinformation which you feel may assist the City	ose a copy of your resume or submit supplemental Council in its evaluation of your application.
When completed mail/submit original to:	Office of the City Clerk City of Sanger 1700 7 th Street Sanger, CA 93657