



INFORMATION FOR APPOINTMENT TO THE OFFICE OF

(Print or type name of Board, Commission or Special District here)

I, _____ hereby make application for consideration by the Board of Supervisors of the County of Stanislaus to the above-named public office. ★★★

Address: _____

City & Zip Code: _____

Phone: (H) _____ (B) _____ Supervisorial District _____

***Ethnic Background:**

***Optional, unless you are applying for an Ethnic Representative position.**

Email Address: _____

Particular strengths, background, experience, perspective, and talents which might contribute significantly to efficient administration of local government programs and effective representation of the public sector on policy development are as follows:

Employment Experience:

Organization and Community Experience:

Reason for Application:

Education (high school, college, trade school, or training).

Note: There is no specific educational requirement.

Do you have any financial or professional interest or association related to this position? Yes _____ No _____ If yes, please explain.

Have you ever been convicted, served a jail sentence or been placed on probation after committing a felony or misdemeanor?

Note: A "yes" answer will not necessarily exclude applicants from being appointed. Yes_____ No_____ If yes, please explain.

Other information continued from the first page (Optional):

Please list three references with telephone numbers.

	<u>Name</u>	<u>Phone</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

A resume containing other pertinent information about yourself would be helpful to the Board members in evaluating your application.

Applicant Certification: PLEASE READ BEFORE SIGNING.

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may result in denial of appointment.

I hereby authorize representatives of Stanislaus County to contact organizations (including employers and schools) and individuals listed, for the purpose of establishing or verifying my qualifications and work history in connection with this application. I understand and acknowledge that such information will be used confidentially and for the purpose of appointment decisions only.

Date: _____ Signature: _____

This form must be filed with:
Clerk of the Board of Supervisors
1010 10th Street, Suite 6700
Modesto CA 95354

☆☆☆ Please note that some Board, Commission and Special District members are required to file Conflict of Interest (form 700). Please view the fact sheet on our website at www.stancounty.com/board/boards-commissions.shtm for any Board, Commission or Special District that you are interested in applying for, to see if you will be required to file. More information is available, too, at the FPPC website: www.fppc.ca.gov