



**COUNTY OF SACRAMENTO  
APPLICATION FOR APPOINTMENT TO  
COUNTY BOARDS, COMMISSIONS AND COMMITTEES**

<http://www.sccob.saccounty.net/pages/boards.html>

**ORIGINAL APPLICATIONS MUST BE FILED WITH  
THE CLERK OF THE BOARD OF SUPERVISORS  
700 H STREET, SUITE 2450, SACRAMENTO, CA 95814-1298**

**PLEASE PRINT OR TYPE:**

Application for Appointment to: \_\_\_\_\_  
Name of Board, Commission or Committee

Filing Period as listed on the announcement: \_\_\_\_\_

Category for which you are applying: \_\_\_\_\_ Incumbent? Y / N

Mr. / Mrs. / Ms. \_\_\_\_\_  
Last First MI

Home Address: \_\_\_\_\_  
Street Address City Zip Code

Mailing Address: \_\_\_\_\_  
Street Address City Zip Code

Supervisorial District in which you reside: \_\_\_\_\_ (This information is available from the Clerk's Office at 874-5411.)

Do you live within an incorporated city? Y / N Which city? \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
Home Work Cell Fax

E-mail Address: \_\_\_\_\_

Time(s) available to attend meetings (days, evenings, etc.): \_\_\_\_\_

*For office use only*

Seat #/Replaces: \_\_\_\_\_

Term: \_\_\_\_\_

Appt: \_\_\_\_\_

**EDUCATION/EXPERIENCE:** A resume may be attached containing this and any other information that would be helpful to the Board in evaluating your application.

Education: \_\_\_\_\_

Employment Experience: \_\_\_\_\_

Community Experience and Affiliations: \_\_\_\_\_

Other County Boards/Commissions/Committees on which you have served: \_\_\_\_\_

Other experience you feel would be helpful to the Board of Supervisors in making this appointment: \_\_\_\_\_

Do you or any member of your immediate family work for the County of Sacramento or hold a position that might conflict with your duties for this Board/Commission? If yes, please explain: \_\_\_\_\_

**REFERENCES: Please list three references with telephone numbers**

_____	_____
_____	_____
_____	_____

**APPLICANTS MAY BE REQUIRED BY STATE LAW AND COUNTY ORDINANCE  
TO FILE A FINANCIAL DISCLOSURE STATEMENT  
AS PART OF THE APPOINTMENT PROCESS**

\_\_\_\_\_ Date



\_\_\_\_\_ Original signature required

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