

CITIZEN'S ADVISORY COMMITTEE

***ORIGINAL APPLICATIONS MUST BE FILED WITH
THE CLERK OF THE BOARD OF SUPERVISORS
IN PERSON OR BY MAIL
700 H STREET, SUITE 2450, SACRAMENTO, CA 95814***

FILING INSTRUCTIONS

- At the time of filing, each applicant shall prepare a statement which is to be attached to the application.
- The statement shall be limited to no more than 200 words.
- Statement Prompt: Please indicate why you believe you would be qualified to become a member of this committee. Please include any lived experience.



**APPLICATION FOR APPOINTMENT TO
CITIZEN'S ADVISORY COMMITTEE
(CAC)**

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

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PLEASE PRINT OR TYPE:

Application for Appointment to: _____
Committee Name

Filing Period: _____ Seat Type: _____

Mr. / Mrs. / Ms. _____

Home Address: _____
Last First MI

Street Address City Zip Code

Mailing Address: _____
Street Address City Zip Code

Supervisory District in which you reside: _____

(This information is available from <http://www.supervisorlookup.saccounty.net/>)

Phone Numbers: _____
Home Work Cell Fax

E-mail Address: _____

Employment History: Please list your employment history for the last ten years beginning with your most recent job.

Explain any gap(s) in employment.

From/To		Name and Address of Employer	Position/Duties	Reason for Leaving
From:	To:			
From/To		Name and Address of Employer	Position/Duties	Reason for Leaving
From:	To:			
From/To		Name and Address of Employer	Position/Duties	Reason for Leaving
From:	To:			

Office Use Only

Applicant's Statement Rec'd? _____ Seat #/Replaces: _____

Appointment Expiration Date _____

Maximum # of yrs. eligible to serve _____ Term Expiration Date _____

EDUCATION - Please check all applicable boxes if you possess one of the following:

- High School Diploma
- G. E. D.
- CA High School Proficiency Certificate

Name(s) of College/University	Units Earned	Course of Study/Major	Degree Awarded

Have you ever been convicted of a felony? Yes No

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 Committee? If yes, please explain:

REFERENCES: Please list three references with telephone numbers

_____	_____
Name	Telephone
_____	_____
Name	Telephone
_____	_____
Name	Telephone



_____ Date

_____ Original signature required

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