

**CITIZEN'S ADVISORY COMMITTEE**

**APPLICATIONS CAN BE MAILED TO  
THE CLERK OF THE BOARD OF SUPERVISORS  
700 H STREET, SUITE 2450, SACRAMENTO, CA 95814**

**OR EMAILED TO [BOARDCLERK@SACCOUNTY.GOV](mailto:BOARDCLERK@SACCOUNTY.GOV)**

**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)**

<https://sccob.saccounty.gov/Pages/BoardsandCommissions.aspx>

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**PLEASE PRINT OR TYPE:**

Application for Appointment to: \_\_\_\_\_  
Committee Name

Filing Period: \_\_\_\_\_ Seat Type: \_\_\_\_\_

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 [www.saccounty.gov/supervisorlookup](http://www.saccounty.gov/supervisorlookup))

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 or Electronic signature

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