



CITY OF BELL GARDENS

Commission Service Application

Office of the City Clerk
7100 Garfield Avenue
Bell Gardens, CA 91201
(562) 806-7704

PLEASE PLACE A CHECK MARK NEXT TO THE COMMISSION FOR WHICH YOU WOULD LIKE TO APPLY
(You may make more than one selection):

Education Commission ____
Planning Commission ____
Recreation, Cultural and Youth Commission ____

Senior Citizens' Commission ____
Traffic and Safety Commission ____

APPLICATIONS MUST BE RETURNED TO THE CITY CLERK'S OFFICE

Date of Application _____

Name _____
Last First Middle

Address, (Including Zip Code) _____

How long have you been a resident of Bell Gardens? _____

Home Phone _____ Business Phone _____ Email _____

Are you a registered voter? Yes _____ No _____

Occupation _____

Employer Name and Address _____

Education (Include degrees, professional or vocational licenses or certificates) _____

Community involvement (List organization memberships and committee assignments) _____

Please describe any background, training, education or interests that qualify you as an appointee _____

(PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM)

What do you see as the objectives and goals of the advisory board or commission for which you are applying?

Are you aware of the time commitment necessary to fulfill the obligations of an appointment to this position? Yes___ No___

State law and the City Conflict of Interest Code requires you to file a statement of economic interests annually as well as complete state mandated AB 1234 ethics training as well as related forms when you assume and leave your appointed office (e.g. sources of income, loans, gifts, investments, interest in real property as required by state law). Do you agree to file all required forms in a timely manner as proscribed by the City's filing official? Yes_ No___

I hereby certify that the foregoing information is correct to the best of my knowledge.

Signature

Date

Please attach additional pages if necessary and return to the address listed on the reverse side.
