



# CITY OF BELL GARDENS

## Commission Service Application

Office of the City Clerk  
7100 Garfield Avenue  
Bell Gardens, CA 90201  
(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

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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?**

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**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.**

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**Signature**

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**Date**

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

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