

**SUBMIT TO:**

CITY CLERK  
319 N. Douty St.  
Hanford, CA 93230  
Phone (559) 585-2515  
Fax (559) 585-2595

CLERK'S OFFICE USE ONLY:

CITY OF HANFORD  
RESIDENT: YES    NO  
DISTRICT NO. A B C D E

**CITY OF HANFORD**  
**APPLICATION FOR COMMISSION APPOINTMENT**

**APPLICANTS ARE ENCOURAGED TO CONTACT A COUNCILMEMBER TO COMMUNICATE THEIR INTEREST FOR APPOINTMENT.**

Mr.

1. Mrs. \_\_\_\_\_  
Ms.              First              Middle              Last

2. Residence address: \_\_\_\_\_

City

County

State

Zip

Cell/Home Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

3. Position(s) sought: (List in order of preference)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4. Business Title or Occupation: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City

County

State

Zip

Phone (\_\_\_\_\_) \_\_\_\_\_

5. Education - List schools attended and/or graduated/degree(s):

\_\_\_\_\_

\_\_\_\_\_

6. Other Special Training or Experience:

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7. Previous and present governmental and civic experience. Indicate when, position and duties:

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8. Please explain why you wish to serve on a Commission for the City of Hanford:

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9. Do you have any interests or associations which might present a conflict of interest? If yes, please explain:

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Please attach your resume, and any additional information or statements which you feel would be helpful in reviewing your qualifications.

#### **AUTHORIZATION AND RELEASE**

I, \_\_\_\_\_, understand that in connection with this application for appointment, this document and the information contained herein will be made available to the general public upon request. I certify under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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Signature of Applicant

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Date