

**SUBMIT TO:**

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

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| 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.**

1. Mr. \_\_\_\_\_  
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.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date