



CITY OF ANGELS

APPLICATION FOR APPOINTMENT

Note: Your application will be copied for the City Council and made available to the press and public.

Name: _____

Date of Birth: _____

Home Address: _____

Mailing Address: _____

Occupation: _____

Business Address: _____

Telephone: Home _____ Cell _____ Business _____

E-mail: _____

Please indicate if above addresses, email and telephone number can be made available to the public upon request: Yes No

Resident of Angels Camp? Yes No

If yes, how long have you lived in Angels Camp? _____

Occupations (within last 5 years): _____

Business interests in last 12 months: _____

Previous Committee/Commission/Board Experience:

Education/Experience: *A resume may be attached containing this and any other information that would be helpful in evaluating your application.*

Professional and/or Community Service Activities:

Local Government Related Experience:

Please explain your reasons for wishing to serve on the City Council and how you feel that you may contribute:

In your opinion, what are the top three (3) issues facing Angels Camp?

Names, addresses, and phone numbers of three (3) individuals familiar with your background:

Appointment to this position requires you to file a Conflict-of-Interest Disclosure Statement (Form 700), which is of public record.

Signature of Applicant	Date
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If you have any questions regarding the appointment procedure, please telephone the City Administrator at (209) 736-2185.

Please return the completed application before or by the due date to:

**City of Angels Camp
Attn. City Administrator
584 S. Main Street
Angels Camp, CA 95222**