



# APPLICATION FOR APPOINTIVE POSITION

**INSTRUCTIONS:**

A separate application is required for each appointive position for which you apply. Applications should be filled out completely so that the City Council may fully evaluate your qualifications. Applications will be kept on file for one (1) year from the date received. Once submitted, this application is a public document and is open for inspection and copying. Return your completed application to: CITY CLERK'S OFFICE, City of Irvine, P.O. Box 19575, Irvine CA 92623-9575.

Irvine Municipal Code Section 1-4-103 - Eligibility: Any person, whether or not a resident of the City, shall be eligible to serve on committees; but only residents of the City shall be eligible to serve on commissions unless the unanimous approval of the City Council is obtained. Any person appointed to or selected for a commission or committee in conformity with these rules and regulations shall be a voting member thereof. As used in this rule, a resident of the City is any person eligible to register to vote in municipal elections.

APPLICANT INFORMATION			
NAME OF COMMISSION/COMMITTEE/BOARD			DATE
NAME			PHONE*
FIRST	LAST		
RESIDENCE ADDRESS*			EMAIL*
CITY	STATE	ZIP	HOW LONG HAVE YOU LIVED IN IRVINE?
BUSINESS ADDRESS			ELIGIBLE TO REGISTER TO VOTE IN IRVINE? <input type="checkbox"/> NO <input type="checkbox"/> YES
CITY	STATE	ZIP	BUSINESS PHONE

EDUCATION INFORMATION		
NAME AND LOCATION OF COLLEGES/UNIVERSITIES ATTENDED	MAJOR	DEGREE

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## CIVIC EXPERIENCE

LIST PRIOR OR CURRENT CIVIC EXPERIENCE (Include membership(s) in professional, charity or community organizations)

NAME OF ORGANIZATION	DATES SERVED		OFFICE HELD (If any)
	START DATE	END DATE	

## OCCUPATIONAL HISTORY

LIST OCCUPATIONAL HISTORY BEGINNING WITH YOUR PRESENT OR MOST RECENT POSITION (List all positions held for the last five (5) years)

FIRM OR ORGANIZATION	EMPLOYMENT		TYPE OF BUSINESS	TITLE
	START DATE	END DATE		

## REFERENCES

INCLUDE NAMES OF AT LEAST TWO (2) RESIDENTS OF IRVINE WHO ARE NOT OFFICIALLY CONNECTED WITH THE CITY

NAME	PHONE*

## OTHER RELEVANT EXPERIENCE/EXPERTISE

WHAT IS YOUR UNDERSTANDING OF THE ROLE/RESPONSIBILITY OF THIS COMMISSION/COMMITTEE/BOARD YOU SELECTED?

Have you ever attended a meeting of this Commission/Committee/Board?     NO     YES    If so, how many? \_\_\_\_\_

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WHAT ACTIVITIES OF THIS COMMISSION/COMMITTEE/BOARD ARE:

MOST INTERESTING TO YOU?

LEAST INTERESTING TO YOU?

WHAT PROGRAMS/PROJECTS WOULD YOU LIKE TO SEE IMPROVED OR IMPLEMENTED?

HOW WOULD YOU APPROACH THESE PROJECT(S) OR PROGRAM(S)? (Attach additional sheet if necessary)

ARE YOU INVOLVED IN ANY ORGANIZATIONS OR ACTIVITIES THAT MAY RESULT IN A CONFLICT OF INTEREST IF YOU ARE APPOINTED TO THIS COMMISSION/COMMITTEE/BOARD?

Appointees will be required to take an Oath of Office and are subject to filing a Statement of Economic Interests pursuant to the Political Reform Act of the State of California.

SIGNATURE

DATE