



APPLICATION FOR APPOINTIVE POSITION IRVINE RESIDENTS WITH DISABILITIES ADVISORY COMMITTEE

INSTRUCTIONS: A separate application is required for each appointive position for which you apply. Applications should be filled out completely so that the City may fully evaluate your qualifications. Per Committee bylaws, the recruitment process will be continuous and qualified applicants will remain on a list to fill future vacancies should the need arise.

APPLICANT INFORMATION

FIRST NAME		LAST NAME		EMAIL
ADDRESS*		HOW LONG HAVE YOU LIVED IN IRVINE?		
CITY	STATE	ZIP	HOME PHONE*	
BUSINESS ADDRESS			WORK PHONE	
CITY	STATE	ZIP	TITLE	
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR VIOLATION, OTHER THAN MINOR TRAFFIC VIOLATIONS? If YES, provide explanation below.				
<input type="checkbox"/> YES <input type="checkbox"/> NO				

ACCOMMODATION REQUEST

YES NO The City of Irvine is committed to the full inclusion of all qualified individuals to be considered for appointive positions. Do you request accommodation(s) to participate in the recruitment process and/or to perform essential committee member functions?
NOTE: City staff will contact you to arrange your request.

COMMITTEE ELIGIBILITY REQUIREMENTS

YES NO All Committee members must live or work in Irvine and the majority (i.e., greater than 50 percent) of the Committee must be either a person with disabilities or an immediate family member of a person with a disability. Do you meet these guidelines?

EDUCATION INFORMATION

NAME AND LOCATION OF HIGH SCHOOL/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	ADDRESS*	PHONE*

COMMITTEE SERVICE SUMMARY

BRIEFLY SUMMARIZE WHY YOU WISH TO SERVE ON THIS COMMITTEE. INCLUDE ANY SPECIAL QUALIFICATIONS WHICH ARE PARTICULARLY APPROPRIATE TO THE POSITION FOR WHICH YOU ARE APPLYING (Attach additional sheet if necessary.)

SIGNATURE

DATE