



City of Hawthorne

Office of the City Clerk

4455 W. 126th St., Hawthorne, CA 90250 Telephone (310) 349-2915

FAX (310) 978-9856

Commission Appointment Application

THIS IS A PUBLIC DOCUMENT

INFORMATION PROVIDED MAY BE VIEWED BY THE PUBLIC

Date of Application: _____

Name: _____

(First)

(Last)

Residence

Address: _____

Business

Residence

Telephone: _____

Business/Cellular

Telephone: _____

E-Mail Address: _____

Occupation: _____

Are you currently a resident of Hawthorne? Yes No

Years of residency: _____

Are you a registered voter? Yes No

Are you employed by the City of Hawthorne? Yes No

Have you previously been employed by the City of Hawthorne? Yes No

If applicable, dates of employment: _____

Do you meet the applicable qualifications for appointment to the commission you seek (Refer to Title 2 of the Hawthorne Municipal Code for applicable qualifications)? Yes No

I would like to be considered for appointment to the following commission (Please Circle):

Civil Service Commission (Chapter 2.18 of the Hawthorne Municipal Code)

Youth Commission (Chapter 2.17 of the Hawthorne Municipal Code)

Planning and Zoning Commission (Chapter 2.28 of the Hawthorne Municipal Code)

Park, Recreation & Fine Arts Commission (Chapter 2.22 of the Hawthorne Municipal Code)

Veterans' Affairs Commission (Chapter 2.19 of the Hawthorne Municipal Code)

Senior Citizens' Commission (Chapter 2.20 of the Hawthorne Municipal Code)

Experience/Educational Background:

I am able to attend: Daytime Meetings Evening Meetings

ORGANIZATIONS - ACTIVITIES - COMMUNITY - INVOLVEMENT

Please list, in order of importance to you, the community, civic, professional, business, religious, social, athletic, and other organizations of which you have been a member. Please describe the nature of your participation, responsibilities, and accomplishments. (If necessary, attach additional pages to the application.)

| Organization Describe: | Dates of Memberships | Positions Held |
|---------------------------|----------------------|----------------|
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Please furnish a brief written response to the questions below:

(Use additional sheets if needed)

1. Do you have any current obligations or responsibilities that could be considered as a conflict with your appointment to a board, commission, or committee? If yes, please explain Yes No

2. Why do you think you should be appointed?

3. What is there specifically in your background, training, education, and interests that qualify you as a potential candidate? (you may attach your resume)

4. For the appointment you are seeking, what do you see as the objectives and goals of the board, commission or committee? For the appointment you are seeking, how would you help achieve the objectives and goals? What special qualities can you bring to the board, commission, or committee?

5. Personal Statement – Please attach

Note: Successful applicants will be required to file a Statement of Economic Interests (Form 700) and attend AB 1234 ethics training.

I declare under penalty of perjury that the information I have provided to the City is true and correct. I am aware that providing false information may be a basis for disqualification from appointment.

Date: _____

Signature of Applicant _____

Please return completed applications to the City Clerk's Office.

Applicant Interviewed on: _____ By: _____

Background Check Performed on: _____ By: _____

BACKGROUND CHECK CONSENT

As a condition to my appointment to the _____ of the City of Hawthorne, I agree to participate in a background check to be performed by the Hawthorne Police Department.

I understand that the background check will involve a review of criminal history information.

If permitted by law, I agree and authorize the City of Hawthorne or its agent, the Hawthorne Police Department, to recheck this information at any future time as long as I continue to serve in the appointed position.

I hereby release the City of Hawthorne and the Hawthorne Police Department, and their agents from any and all claims that I may have arising from or related to the background check and/or any action taken by the City of Hawthorne based on the results.

PLEASE READ CAREFULLY:

Please place an "x" here _____ and initial here _____ if you wish to receive a copy of the report, if any, should it be requested by the City of Hawthorne. If you request a copy, it will be mailed to your home address and marked personal and confidential.

SIGNATURE OF APPLICANT AND DATE SIGNED

APPLICANT'S PRINTED FULL NAME

SIGNATURE OF WITNESS AND DATE SIGNED

WITNESS PRINTED FULL NAME