



City of Lancaster

Commission/Deputy Mayor Application

NAME OF POSITION YOU ARE APPLYING FOR (include the name of the Commission if applicable):

APPLICANT NAME: _____
Last First M.I.

ADDRESS: _____

TELEPHONE #: _____
Home Business

EMAIL ADDRESS: _____

DRIVER'S LICENSE NUMBER: _____

BACKGROUND INFORMATION:

1. Are you now serving on a city commission? _____

If yes, which one(s): _____

2. Have you previously served on a city or county commission/committee? _____

If yes, which one(s) and date(s) _____

3. Do you live in the City limits of Lancaster, CA? _____

EDUCATION: Indicate the highest year completed and degrees received: _____

EMPLOYMENT AND VOLUNTEER INFORMATION: Employer and Community Organization's name, address, phone and your position or title.

PLEASE INDICATE YOUR REASONS FOR WANTING TO SERVE: _____

QUALIFICATIONS OR EXPERIENCE APPLICABLE TO THE PURPOSE AND SUBJECT MATTER OF THIS POSITION:

Please feel free to attach a resume. Additionally the following may be required prior to appointment: (1) A background investigation; (2) A Conflict of Interest Statement; (3) References. Evening availability is required.

I declare that the information furnished herein above is true and correct to the best of my knowledge.

Signature: _____ Date: _____

The application and its contents will not be released to the press or the public unless compelled by law to do so.

I hereby allow the above information to be released to the Press and/or Public.

___ Yes ___ No

SUBMIT APPLICATION TO: CITY HALL - CITY CLERK DEPARTMENT, 44933 FERN AVENUE, LANCASTER, CA 93534