

Office Use Only  
Registered Voter  
Yes \_\_\_ No \_\_\_

# APPLICATION FOR APPOINTMENT

OFFICE USE ONLY

City Resident:  Yes  
 No

**APPLICANTS ARE ENCOURAGED TO CONTACT EACH COUNCIL MEMBER TO COMMUNICATE THEIR INTEREST FOR APPOINTMENT.**

**Submit Application To:** City Clerk's Office  
115 South Robinson Street  
Tehachapi, CA 93561

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

Position(s) Sought: (List in order of preference)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Occupation \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Education - List schools attended and/or graduated, as well as degree(s):

Other special training or experience:

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Previous and present governmental and civic experience. Indicate when, position, and duties:

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Please explain why you wish to serve on a Board/Commission for the City of Tehachapi:

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Do you have any interests or associations that might present a conflict of interest? Yes  If yes, please explain below. No

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Please attach your resume and any additional information or statements that you feel would be helpful in reviewing your qualifications

AUTHORIZATION AND RELEASE

I understand that in connection with this application for appointment, the information contained herein will be made available to the general public upon request.

Signature Field \_\_\_\_\_

Date/Time Field \_\_\_\_\_

**NOTE: This document is a public record and may be disclosed/released pursuant to the California Public Records Act**