

CITY OF SIMI VALLEY
Citizens' Election Advisory Commission Application

NAME (First) _____ (Middle Initial) _____ (Last) _____

Home Address: _____ Phone: _____
Street Address/City/Zip Code

Work Address: _____ Phone: _____
Street Address/City/Zip Code

Name and Location of High School: _____

Name of College or University: _____

Degree and/or Course of Study: _____

Special Trade Skills/Certifications: _____

Presently Employed By: _____

Job Title: _____

Duties Performed: _____

Current Membership in Organizations and Offices Held:

Past Organizational Membership and Offices Held:

Why are you applying for the position? Attach any additional information you feel may be pertinent to this Commission/Committee. (Use extra paper if necessary.)

I acknowledge that this application and information contained herein is a matter of public record upon submittal.

Signature Date

Please complete and return this application to the City Clerk's Office, 2929 Tapo Canyon Road, Simi Valley, CA 93063 or fax to (805) 526-2489, or email to CityClerk@simivalley.org by **April 1, 2016 by 5:00 p.m.** Questions may be directed to the Deputy Director/City Clerk at (805) 583-6813.