



COMMISSION APPLICATION

Name _____

Residence Address _____

City _____ Zip _____ Email _____

Phone: Res _____ Bus _____ Cell _____

| | | |
|-------------------------------|--|---|
| Torrance resident _____ years | Torrance registered voter: Y <input type="checkbox"/> N <input type="checkbox"/> | Commission Certification Training Date: _____ |
|-------------------------------|--|---|

Please indicate commission(s) preferred. Pick **no more than three** (indicate first, second, third choice).

NOTE: **APPOINTED** Commissioners are **REQUIRED** to complete a Statement of Economic Interest (Form 700). Please be sure to schedule your own appointments with the Mayor and City Council (310) 618-2801.

- | | | |
|---------------------------------------|---|----------------|
| _____ Airport | _____ Cultural Arts | _____ Planning |
| _____ Cable Television Advisory Board | _____ Environmental Quality & Energy Conservation | _____ Traffic |
| _____ Civil Service | _____ Library | _____ Water |
| _____ Commission on Aging | _____ Parks & Recreation | |

Are you now, or have you ever been, a City of Torrance commissioner? Yes No

If yes, name of Commission: _____

Employment Information:

Present occupation: _____

Name and address of employer: _____

Community Service Experience

| Organization | Served From | Served To | Office held |
|--------------|-------------|-----------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

Education:

| School | Major | Graduation Date & Degree |
|--------|-------|--------------------------|
| | | |
| | | |
| | | |

Additional pertinent courses or training: _____

Other skills, experience or interests: _____

Applicant's Name: _____

Please furnish brief written response to the questions *using additional sheets as necessary*. If you are applying for more than one commission, please answer for each commission as necessary.

1. What is there specifically in your background, training, education and interests which qualify you as a candidate?

2. What do you see as the objectives and goals of the commissions?

3. How would you help achieve the objectives and goals? What special qualities can you bring to the commission?

4. Please provide the names, addresses, and telephone numbers of three personal references (other than family members):

| Name | Address | Phone |
|------|---------|-------|
| | | |
| | | |
| | | |

Date: _____ **Signature** _____

Additional Information/Comments: