



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) (middle) (last)

Residence Address: _____ Residence Telephone: _____

Business Address: _____ Business Telephone: _____

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:

- Civil Service Commission (Chapter 2.18 of the Hawthorne Municipal Code)
Youth Commission (Chapter 2.17 of the Hawthorne Municipal Code)
Beautification Commission (Chapter 2.14 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)
Veteran Affairs Commission (Chapter 2.19 of the Hawthorne Municipal Code)
Senior Citizens' Commission (Chapter 2.20 of the Hawthorne Municipal Code)

Educational Background:

I am able to attend: ___ Daytime ___ 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	Dates of Membership	Position(s) Held
Describe: _____	_____	_____
_____	_____	_____

Organization	Dates of Membership	Position(s) Held
Describe: _____	_____	_____
_____	_____	_____

Organization	Dates of Membership	Position(s) Held
Describe: _____	_____	_____
_____	_____	_____

Please furnish a brief written response to the questions below:
(Use additional sheets if needed)

1. Why do you think you should be appointed? What is there specifically in your background, training, education, and interests which qualify you as a potential candidate? You may attach your resume.

2. Do you have any current obligations or responsibilities which could be considered as a conflict with your appointment to a board, commission, or committee?

Yes _____ No _____
If yes, please explain:

3. For the appointment you are seeking, what do you see as the objectives and goals of the board, commission or committee?

4. 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. Other comments:

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:
