

Are you currently a resident of Hawthorne? ____Yes ____ No

Years of residency: _____

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: _____

I would like to be considered for appointment to the DRB as a member from the following categories (mark as many as are applicable to you):

- Category 1
- Category 2
- Category 3
- Category 4
- Category 5

Educational

Background:

Licenses held, including dates held and license numbers (if applicable):

I am able to attend: ____Daytime ____Evening Meetings

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

1. Why do you think you should be appointed to the DRB? What specifically in your background, training, education, and interests qualify you as a potential candidate? If applicable, please describe your qualifications under Categories 1, 2, 3, 4. 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 the DRB? Yes _____ No _____
If yes, please explain:

3. What do you see as the objectives and goals of the DRB?

4. Describe any unique or special qualities can you bring to the DRB?

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.

OFFICE USE ONLY:

Applicant Interviewed on: _____ By: _____

Background Check Performed on: _____ By: _____

BACKGROUND CHECK CONSENT

As a condition to my appointment to the Design Review Board 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:
