Commission Appointment Application

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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.

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<th>Dates of Membership</th>
<th>Position(s) Held</th>
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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:

__________________________________________________________