



CITY OF ROCKLIN

APPLICATION FOR COUNCIL APPOINTMENT TO THE BOARD OF APPEALS

RETURN TO:

City Clerk
City of Rocklin
3970 Rocklin Road
Rocklin, CA 95677

FILING DATE:

UNTIL FILLED

Thank you for your interest and willingness to serve your community. Please fill out the information listed below and return this application by the filing date indicated above.

APPLICANT INFORMATION			
NAME (LAST, FIRST, MIDDLE)			
ADDRESS			ZIP
PHONE	HOME ()	BUSINESS ()	
E-MAIL ADDRESS			
NUMBER OF YEARS ROCKLIN RESIDENT		REGISTERED VOTER	YES <input type="checkbox"/> NO <input type="checkbox"/>

PERSONAL INFORMATION		
Have you ever applied to or worked for the City of Rocklin before? If yes, when? _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any relatives working for the City of Rocklin? If yes, state name(s) and relationship. _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you own real property (including residence), personal property, financial holdings or receive income from any source which might present a potential conflict of interest or appearance of conflict of interest with your requested appointment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you or any members of your immediate family:		
Own any interest in any enterprise which does or might do business with the City of Rocklin and/or the Board of Appeals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Own any interest in any real property adjacent to or within the City of Rocklin?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have any interests or associations which might present a conflict of interest?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PERSONAL INFORMATION

Please state the reasons you are interested in serving on the Board of Appeals. _____

What experience/training do you have that qualifies you to judge matters pertaining to building construction? _____

What is your level of familiarity with the Uniform Code and California Code? _____

What additional information would you like us to know to better assess your suitability to the Board of Appeals? _____

Have you had previous public service experience on a commission or public body? If so, indicate the public agency, title of position and duties. _____

List current organizations and societies of which you are a member: _____

EDUCATION/TRAINING/SPECIAL QUALIFICATIONS

College/University/Trade School or Special Training	Course of Study/Major	Types of Degree or Certificate

Certificates of Training, Licenses, or Professional Registration (include date issued and registration number if applicable): _____

Describe any job related skills, knowledge or special training you may possess.

EMPLOYMENT HISTORY/WORK EXPERIENCE

Present or Most Current Employer: _____

Address: _____
Street City State Zip Code

Exact Title of Position: _____ Employed from: _____
 to _____

Supervisor Name/Title/Phone Number: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

Previous Employer: _____

Address: _____
Street City State Zip Code

Exact Title of Position: _____ Employed from: _____
 to _____

Supervisor Name/Title/Phone Number: _____

Duties and Responsibilities: _____

Reason for Leaving: _____



DISCLOSURE

If your answer is "Yes" to either of the following questions, please give details in the space provided below. Attach additional sheets if necessary.

<p>Have you ever been convicted of any offense other than minor traffic violations? NOTE: DRUNK, RECKLESS OR HIT-RUN DRIVING ARE NOT MINOR VIOLATIONS. CONVICTIONS ARE EVALUATED FOR EACH POSITION AND ARE NOT NECESSARILY DISQUALIFYING. <i>The California Fair Employment and Housing Commission prohibits asking applicants about convictions that have been sealed, expunged or legally eradicated, or misdemeanor convictions for which probation was completed and the case was dismissed.</i></p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Have you ever been terminated or asked to resign from a position? If yes, give name and address of employer, date of occurrence, and the reason. CITE ALL SUCH CASES.</p> <p>_____</p> <p>_____</p> <p>_____</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

ETHNIC SELF-IDENTIFICATION FORM

The City of Rocklin is an equal opportunity/affirmative action employer. In order to assess the City's recruiting program and to comply with federal government recordkeeping requirements, we are asking all applicants for employment to complete this form. This information will not be attached to your application and will be used for research and evaluation purposes only. Completion of this form is voluntary. Your cooperation in providing this information is greatly appreciated.

Position Applied For: _____ Date: _____

Male ___ Female ___ Are you over 40 years of age? Yes ___ No ___

ETHNIC ORIGIN

- [] Native American: Persons who identify themselves or are known as such by virtue of tribal association. Includes American Indian, Alaskan, and Eskimo.
- [] Filipino: All persons of Filipino descent.
- [] Black: All persons having origins in any of the Black racial groups of Africa.
- [] Caucasian: Persons of Indo-European descent except those included in other groups.
- [] Asian: Persons of Chinese, Indo-Chinese, Japanese or Korean descent.
- [] Hispanic: All Persons of Mexican, Latin American, Spanish or Portuguese descent except those who are Black.
- [] Pacific Islander: Persons of Polynesian descent who are not included in any other group.
- [] Other: _____

REGULATORY REQUIREMENTS

STATEMENT OF ECONOMIC INTEREST FORM 700: PER THE STATE OF CALIFORNIA FAIR POLITICAL PRACTICES COMMISSION, PERSONS APPOINTED TO THE BOARD OF APPEALS ARE REQUIRED TO FILE A STATEMENT OF ECONOMIC INTERESTS (FORM 700). THIS RULE REQUIRES THE DISCLOSURE OF A VARIETY OF SOURCES OF INCOME FOR PUBLIC OFFICIALS.

ETHICS TRAINING: ALL APPOINTEES ARE REQUIRED TO SATISFY THE LOCAL ETHICS TRAINING REQUIREMENT MANDATED BY GOVERNMENT CODE SECTION 53234. INFORMATION FOR AN ONLINE TRAINING RESOURCE WILL BE PROVIDED BY THE CITY CLERK UPON APPOINTMENT.

OFFERS OF APPOINTMENT ARE CONDITIONAL UPON SUCCESSFUL COMPLETION OF FINGERPRINT CLEARANCE.

AUTHORIZATION AND RELEASE

I UNDERSTAND THAT IN CONNECTION WITH THIS APPLICATION FOR APPOINTMENT, AN INVESTIGATION OF MY PERSONAL AND BUSINESS BACKGROUND MAY BE CONDUCTED. I HEREBY AUTHORIZE THE RELEASE OF ANY AND ALL INFORMATION PERTAINING TO ME OR BUSINESSES IN WHICH I PARTICIPATE, INCLUDING INFORMATION OF A CONFIDENTIAL OR PRIVILEGED NATURE IN THE POSSESSION OF GOVERNMENT OR PRIVATE AGENCIES OR INDIVIDUALS. I HEREBY RELEASE ALL SUCH AGENCIES OR INDIVIDUALS WHO FURNISH SUCH INFORMATION FROM LIABILITY FOR DAMAGE, WHICH MAY RESULT FROM FURNISHING THE INFORMATION REQUESTED.

DATE:

PRINT NAME:

SIGNATURE:

Applicants are encouraged to attach a resume.