



# CITY OF ROCKLIN

## APPLICATION FOR CITY COUNCIL APPOINTMENT TO THE INVESTMENT ADVISORY COMMITTEE

**RETURN TO:**

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

**FILING DATE:**

AUGUST 20<sup>TH</sup>, 2021  
5:00 P.M.

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?	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 Investment Advisory Committee.

What are the qualifications you possess that qualify you for service on the Committee?

How do you feel you would add value to the Committee? What unique characteristics, qualifications, perceptions, and experience would you bring to the Committee?

What additional information would you like us to know to better assess your suitability to the Committee?

In your opinion, what is the purpose of the Investment Advisory Committee and what benefit does it provide to the City of Rocklin?

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

What are your hobbies, special interest, and extracurricular activities.

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

<p>Certificates of Training, Licenses, or Professional Registration (include date issued and registration number if applicable):</p>		
<p>Describe any job related skills, knowledge or special training you may possess.</p>		

EMPLOYMENT HISTORY/WORK EXPERIENCE			
Present or Most Current Employer: _____			
Address: _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Exact Title of Position: _____		Employed from: _____ to _____	
Supervisor Name/Title/Phone Number: _____			
Duties and Responsibilities:			
Reason for Leaving:			
Previous Employer: _____			
Address: _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Exact Title of Position: _____		Employed from: _____ to _____	
Supervisor Name/Title/Phone Number: _____			
Duties and Responsibilities:			
Reason for Leaving:			

## REGULATORY REQUIREMENTS

**STATEMENT OF ECONOMIC INTEREST FORM 700:** PER THE STATE OF CALIFORNIA FAIR POLITICAL PRACTICES COMMISSION, PERSONS APPOINTED TO THE INVESTMENT ADVISORY COMMITTEE 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: