



CITY OF SARATOGA COMMISSION APPLICATION

The information on this application is considered public information and will be furnished to any requesting party.

**APPLICANTS MUST ATTEND A COMMISSION MEETING PRIOR TO BEING INTERVIEWED.
PLEASE ATTACH COMMISSION SUPPLEMENTAL QUESTIONNAIRE TO THIS APPLICATION.**

APPLICANT INFORMATION

DATE:

COMMISSION APPLYING FOR:

MS./ MRS./ MR.

TELEPHONE:

HOME

WORK/CELL

EMAIL ADDRESS:

ADDRESS:

YEAR YOU BECAME A SARATOGA RESIDENT:

ARE YOU A REGISTERED VOTER IN THE CITY OF SARATOGA?

ARE YOU ABLE TO ATTEND DAYTIME MEETINGS?

ARE YOU ABLE TO ATTEND EVENING MEETINGS?

DATE OF COMMISSION MEETING YOU ATTENDED/WILL ATTEND PRIOR TO INTERVIEW:

BRIEFLY DESCRIBE YOUR INVOLVEMENT IN EACH OF THESE AREAS

Please attach additional sheets as needed.

CURRENT OCCUPATION AND EMPLOYMENT HISTORY:

EDUCATIONAL BACKGROUND:

PLEASE LIST ALL OF THE PUBLIC AGENCY AND NON-PROFIT BOARDS OR COMMITTEES THAT YOU ARE CURRENTLY A MEMBER OF:

ADDITIONAL INFORMATION OR COMMENTS:

REFERENCES: (Provide Name and Phone Number)

1.

2.

3.

PRINT NAME: _____

SIGNATURE: _____