



## City of Hawthorne, Office of the City Clerk

4455 West 126<sup>th</sup> Street - Hawthorne, CA 90250

Telephone (310) 349-2915 FAX (310) 978-9856

# Boards, Commissions and Special Committees Appointment Application

**THIS IS A PUBLIC DOCUMENT**  
INFORMATION PROVIDED MAY BE VIEWED BY THE PUBLIC

Mr./Mrs./Ms. \_\_\_\_\_  
RESIDENCE ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
RESIDENCE PHONE: \_\_\_\_\_ RESIDENCE EMAIL: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_ BUSINESS EMAIL: \_\_\_\_\_

HOW LONG HAVE YOU BEEN A RESIDENT OF HAWTHORNE? NUMBER YEARS \_\_\_\_  
ARE YOU A REGISTERED VOTER? YES \_\_\_\_ NO \_\_\_\_

ARE YOU RELATED (OR MARRIED) TO ANY ELECTED OR APPOINTED CITY OFFICIAL OR EMPLOYEE?  
YES \_\_\_\_ NO \_\_\_\_ IF YES, PROVIDE NAME: \_\_\_\_\_

PLEASE INDICATE THE BOARD, COMMISSION OR SPECIAL COMMITTEE YOU WISH TO SERVE:

- \_\_\_\_\_ CIVIL SERVICE COMMISSION
- \_\_\_\_\_ GANG AND GRAFFITI ABATEMENT COMMISSION
- \_\_\_\_\_ HAWTHORNE CABLE USAGE CORPORATION
- \_\_\_\_\_ LOS ANGELES INTERNATIONAL AIRPORT ADVISORY COMMITTEE
- \_\_\_\_\_ PARKS AND RECREATION AND FINE ARTS COMMISSION
- \_\_\_\_\_ PLANNING COMMISSION
- \_\_\_\_\_ RENT MEDIATION BOARD
- \_\_\_\_\_ YOUTH COMMISSION
- \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_

HAWTHORNE COMMUNITY SERVICE:

ORGANIZATION	FROM	TO	OFFICES HELD

EDUCATION (Include other pertinent training):

SCHOOL	MAJOR	GRADUATION DATE/DEGREE

REFERENCES (Include local, personal and professional references. Do not include council or family members):

NAME	ADDRESS	TELEPHONE NUMBER

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 of interest with your appointment to a board, commission or committee? Yes\_\_\_\_ No \_\_\_\_ (if yes, please explain below.)


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:


6. Please complete the BACKGROUND CHECK CONSENT form outlined in Part III.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

FOR OFFICE USE ONLY:

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 in the future 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 then 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:

\_\_\_\_\_