



**APPLICATION FOR APPOINTMENT - SOUTH SACRAMENTO
CONSERVATION AGENCY IMPLEMENTATION REVIEW COMMITTEE**

<http://www.southsachcp.com>

ORIGINAL APPLICATIONS CAN BE MAILED TO:

**827 7TH STREET, ROOM 225
SACRAMENTO, CA 95818
ATTN: KIM HUDSON**

OR

**SUBMITTED VIA EMAIL TO:
SSHCP@SACCOUNTY.NET**

Application For: _____
 Name of Board, Commission or Committee

Mr. / Mrs. / Ms. _____
 Last Name First MI

Home Address: _____
 Street Address City Zip Code

Mailing Address: _____
 Street Address City Zip Code

Seat Type (please choose one):
 Ag. Cropland
 Ag. Rangeland
 Business
 Environmental

Sacto. County Supervisorial District in which you reside: _____
 (This information is available from <http://www.supervisorlookup.saccounty.net/>)

Would you be interested in being considered as an alternate, if not selected? Y / N

Do you live in an Incorporated City? Y / N If so, which City? _____

Phone Numbers: Home _____ Work _____ Cell _____ Fax _____

E-mail Address(es): _____

Employment History: Please list your employment history for the last ten years beginning with your most recent job, explaining any gap(s) in employment. Please continue on a separate piece of paper if necessary.

From/To		Name and Address of Employer	Position/Duties	Reason for Leaving
From:	To:			
From/To		Name and Address of Employer	Position/Duties	Reason for Leaving
From:	To:			
From/To		Name and Address of Employer	Position/Duties	Reason for Leaving
From:	To:			

Office Use Only

_____ Seat #/Replaces _____

_____ Appointment Expiration Date _____

_____ Term Expiration Date _____

EDUCATION - Please check all applicable boxes if you possess one of the following:

High School Diploma

G. E. D.

CA High School Proficiency Certificate

Name(s) of College/University	Units Earned	Course of Study/Major	Degree Awarded

Other Commissions and/or Committees on which you have served: _____

Experience relevant to requested seat category you feel would be helpful to the Agency in making this appointment:

Do you or any member of your immediate family work for any of the Plan Partners (County of Sacramento, City of Rancho Cordova, City of Galt, JPA Connector, or Sacramento Regional County Sanitation District) or hold a position that might conflict with your duties for this Board/Commission? If yes, please explain: _____

REFERENCES: Please list three references with telephone numbers

_____	_____
_____	_____
_____	_____

IF YOU ARE APPOINTED AND REQUIRED TO COMPLETE A STATEMENT OF ECONOMIC INTERESTS (FORM 700), YOU MUST FILE THE FORM WITH THE CLERK OF THE BOARD PRIOR TO TAKING ANY ACTION AS A MEMBER OF THIS BOARD.

_____ Date



_____ Original signature required