



## CITY OF PINOLE COMMISSION/COMMITTEE APPLICATION

COMMISSION/COMMITTEE APPLICATION: Thank you for your interest in a City Commission or Committee. To apply, you will need to complete the entire application (using N/A where items do not apply). All applications will be kept on file for one year only and applicants will be notified of any openings. Planning Commission and Community Service Commission members must be residents of the City of Pinole, five EDHAC members must be residents and TAPS members shall be residents or business owners in Pinole.

This application must be accompanied with the separate supplemental questionnaire for the Commission/Committee for which you are applying. Please check applicable box below.

- Planning Commission (PMC Chapter 2.40)**
- Community Services Commission (PMC Chapter 2.36)**
- Traffic & Pedestrian Safety Committee (R-2007-14)**

Completed application packets must be filed with the **City Clerk's Office, 2131 Pear Street, Pinole, California 94564.**

APPLICANT'S NAME: \_\_\_\_\_  
Last First M.I.

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

1. How long have you been a Pinole resident? \_\_\_\_\_
2. Are you registered to vote in Pinole? \_\_\_\_\_
3. Are you currently serving on any Commission or Committee? \_\_\_\_\_
4. Do you have a relative/household member who is: (a) City employee? \_\_\_\_\_  
(b) City Council Member? \_\_\_\_\_ Or (c) Commission/Committee Member? \_\_\_\_\_
5. Have you ever attended any meetings of the Commission/Committee for which you are

City of Pinole Commission / Committee Application /Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

applying? \_\_\_\_\_ If so, number of times? \_\_\_\_\_

6. If applicable, why did you attend the meeting (e.g., personal interest or specific issue)?

\_\_\_\_\_

7. List your current occupation. Also list any work history related to the position you are seeking:

\_\_\_\_\_

8. List educational background related to the position you are seeking: \_\_\_\_\_

\_\_\_\_\_

9. Describe the community activities, volunteer experience and/or civic organizations in which you participate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Describe your style of working with others on a committee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Describe how you might recommend policy or approach the City Council: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I understand that if appointed, I must complete the California Fair Political Practices Commission Statement of Economic Interests, a public document, Form 700, and complete the Ethics Training pursuant to AB1234.**

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)

Attachment: Supplemental Questionnaire