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| **INSTRUCTIONS:*** Application must be submitted on a yearly basis
* Please type or print clearly in ink
* Complete the entire application. Failure to respond to any question will make your application incomplete. Please answer “none or “not applicable’ where appropriate
* Incorrect or false statements may cause rejection or dismissal
* Forward the completed application to the City Clerk’s Office, 1400 Highland Avenue, Manhattan Beach, CA 90266 or e-mail to commissionapplication@citymb.info
* Questions? Please contact City Clerk’s Office at (310) 802-5056

**IMPORTANT:** Resumes and/or additional materials are optional. If you choose to include additional information, it must be submitted as part of this application and will be forwarded to the City Council for consideration. |

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| Name (Last, First, Middle) |       |
| Address (Street Number, Apt/Unit)  |       |
| City, State, Zip Code) |       | Email:       |
| Telephone Numbers | Home (   )    -     | Business (   )    -     | Cell (   )    -     |
| May We Contact You Regarding This Application?  | YES [ ]  NO [ ]  |
| Homeowner | YES [ ]  NO [ ]  | Business Owner | YES [ ]  NO [ ]  |
| Are You a Registered Voter in City of Manhattan Beach? | YES [ ]  NO [ ]  |
| Do You Have Any Relatives Currently Employed by the City of Manhattan Beach?YES [ ]  NO [ ]  If YES, List Name, Department, and Relationship       |
| Have You Ever, As an Adult, Been Convicted of a Crime? YES [ ]  NO [ ]  If YES, Please Explain        |

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| **EDUCATION** |
| High School      Graduated YES [ ]  NO [ ]  | College     Major      Graduated YES [ ]  NO [ ]  | Degree      |

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| **EMPLOYMENT** |
| Job Title |       | Employer’s Name |       |
| Employer’s Address |       |
| Duties of Your Position:       |
| **Business Enterprises** (Any business enterprises currently owned or operated): YES [ ]  NO [ ]  |
| Business Name and Address |  |
| Type of Business or Services Rendered:       |
| Membership(s) in Professional and/or Civic Organizations:       |
| Have You Ever Been a Registered Lobbyist in the City of Manhattan Beach?  |  YES [ ]  NO [ ]  |
| If YES, Please Identify:       |

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| **ATTENDANCE** |
| Are You Able to Attend:  | Daytime Meetings: YES [ ]  NO [ ]  | Evening Meetings: YES [ ]  NO [ ]  |
| Are There Any Specific Days and/or Evenings You Would Not Be Able to Attend |  [ ]  YES [ ]  NO  |
| If YES, Please List Those:       |

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| **In Order of Preference, Please Select the Board and Commission for Which You Are Applying.** Note: \*Parking and Public Improvements Commission has at least one Business Community Representative Seat. To be eligible for this seat, the applicant must be an owner, employee or officer of a business located and operating within the City of Manhattan Beach. |
| 1.  |
| Briefly Describe Your Interest and Qualifications/Experience related to the Board/Commission:      |
| If Appointed, Please List Three Issues You Think Are the Most Important for Your Board/Commission to Address: 1.      2.      3.       |
| 2.  |
| Briefly Describe Your Interest and Qualifications/Experience related to the Board/Commission:      |
| If Appointed, Please List Three Issues You Think Are the Most Important for Your Board/Commission to Address: 1.      2.      3.       |
| 3.  |
| Briefly Describe Your Interest and Qualifications/Experience related to the Board/Commission:      |
| If Appointed, Please List Three Issues You Think Are the Most Important for Your Board/Commission to Address: 1. f2.      3.       |
| 4.  |
| Briefly Describe Your Interest and Qualifications/Experience related to the Board/Commission:      |
| If Appointed, Please List Three Issues You Think Are the Most Important for Your Board/Commission to Address: 1.      2.      3.       |
| 5.  |
| Briefly Describe Your Interest and Qualifications/Experience related to the Board/Commission:      |
| If Appointed, Please List Three Issues You Think Are the Most Important for Your Board/Commission to Address: 1.      2.      3.       |
| 6.  |
| Briefly Describe Your Interest and Qualifications/Experience related to the Board/Commission:      |
| If Appointed, Please List Three Issues You Think Are the Most Important for Your Board/Commission to Address: 1.      2.      3.       |
| 7.  |
| Briefly Describe Your Interest and Qualifications/Experience related to the Board/Commission:      |
| If Appointed, Please List Three Issues You Think Are the Most Important for Your Board/Commission to Address: 1.      2.      3.       |

Please Provide Any Information Which May Present a Potential Conflict of Interest:

**I declare, under penalty of perjury that all statements in this application are true and complete to the best of my knowledge.**

 **Electronic Submissions Only**

**[x]  Please check the box and type your name below in place of the signature**

 **Applicant Signature:** **Date:**