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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](mailto: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. f  2.  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**

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

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