CITY OF MARTINEZ

CITIZEN INTEREST FORM

PERSONAL DATA						
NAME			DATE OF BIRTH			
HOME ADDRESS (PO Box Not Applicable)						
E-MAIL			CELL PHONE			
EDUCATION & EMPLOYMENT						
RESIDENCY	RESIDENT OF THE CITY OF MARTINEZ SINCE:					
EDUCATION	HIGHEST DEGREE OBTAINED					
	SCHOOL	YEAR RECEIVED				
	VOCATIONAL / OTHER					
SPOKEN LANGUAGES						
PRESENT EMPLOYER		POSITION		START DATE		
		INTEREST & EXPE	DIENCE			
EXPERIENCE HAVE YOU SERVED ON A COMMISSION BEFORE? [] Yes [] No						
		F YOU MARKED YES, PLEASE LIST THE CITY, COMMISSION NAME, AND NUMBER OF YEARS SERVED: City: Commission: Years Served: Years S				
	City:	Commission:	Y		Years Served:	
	City:	Commission:			Years Served:	
COMMISSIONS	WHAT COMMISSION ARE YOU INTERESTED IN? SELECT ALL THAT APPLY. [] CEMETERY [] VETERANS [] PRMCC [] CIVIL SERVICE [] PLANNING [] OVERSIGHT COMMITTEE					
REFERENCES						
PROVIDE TWO REFERENCES WHO ARE QUALIFIED TO COMMENT ON YOUR CHARACTER.						
NAME		RELATIONSHIP TO APPL	ICANT	PHONE		
NAME		RELATIONSHIP TO APPL	ICANT	PHONE		
		SUPPORTING DOCUM	MENTATION			
PLEASE PROVIDE THE FOLLOWING DOCUMENTATION WITH YOUR APPLICATION 1. COPY OF DRIVER'S LICENSE 2. PROOF OF RESIDENCY – Only if current residency is different than what appears on your driver's license. Proof can be in the form of a bill or piece of mail, dated within the last 30 days.						

HOW TO SUBMIT YOUR APPLICATION: Mail your application and supporting documents to the City Clerk's Office - 525 Henrietta Street, Martinez, CA 94553; or call (925) 372-3510 to schedule an appointment with the City Clerk to submit your application and supporting documents in person.

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