

City of Kerman

850 S. Madera Ave. Kerman, CA 93630 Fax (559) 846-6199 Telephone (559) 846-9384

Nominee Application for City Commission or Committee

I hereby request that I be considered as a nominee for the following City Commission or Committee:

□Р	anning Commission ☐ Community Service & Recreation Commission ☐ Measure M Citizen Review Committee*			
Name				
Address				
City	State Zip			
Home Phone () Business Phone ()			
Email Address				
Employed By	Position			
I have been a reg	stered voter in the City of Kerman for years.			
I have been a resident of Kerman for years. (There is no residency requirement.)				
Are you a citizen	of the United States? Yes No			
Have you ever been convicted of a felony? Yes No (If your answer is "yes," please explain the nature of the felony conviction on a separate sheet of paper and attach to this form.)				
Please state your education background:				
Please list any organizations of which you are a member and any offices you have held in those organizations:				

^{*}The Committee Measure M Member cannot be a current City employee, official, contractor or vendor of the City



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Please list any appointed public boards or commissions on which you have served, dates of service, a chairmanship or office held:		
Do you believe your experience (per this Commission/Committee? If so	ersonal, education, professional) applies to your effectively servicing to p, please explain:	
Do you have any personal goals or Commission/Committee? If so, ex	r objectives that might be achieved by serving on this oplain:	
References (optional):		
Signed_	Date	

Please return your completed application to The City of Kerman, 850 S. Madera Avenue, Kerman, CA, 93630