CITY OF HERMOSA BEACH BOARD/COMMISSION APPLICATION

NAME OF COMMISSION		_
Name	Home Phone	
Address	Cell Phone	
Email	Bus. Phone	
Occupation/Profession:		
Employer Name & Address		
REFERENCES :		
Local:		
Professional:		
	ND SERVICE (past and present):	
Why do you wish to become a Commiss	ion member?	
What do you feel are the duties and resp	onsibilities of a Commission member?	
what do you feel are the duties and resp.		

Do you have any current obligations or responsibilities, which could be construed as a conflict of interest with your being a board/commission member?YesNo (If yes, please explain)
Please provide below and/or attach a resume of your education, employment, memberships, past activities and other experience that you feel would qualify you as a Board/Commission member.
This Board/Commission meets on at p.m. Do you foresee any scheduling problems that might cause you to miss meetings?YesNo
How long have you lived in Hermosa Beach?
Additional Comments:
Signed:
Date:(07-03-18