

City of Marina



City of Marina
211 HILLCREST AVENUE
MARINA, CA 93933
831- 884-1278; FAX 831- 384-9148
www.ci.marina.ca.us

CANDIDATE FOR PUBLIC SERVICE APPOINTMENT

Committee/Commission Applying for: _____

Office Use Only

Received On: _____

Interview Date: _____

Registered Voter: _____

☐ Approved ☐ Denied

Application Valid Thru

Section A - General Information

Name (last, first, middle): _____

Home Address (address, city): _____

Home Phone: _____ Business Phone: _____ Fax Number: _____

E-Mail: _____

Employer: _____ Address: _____

Section B - Residency

Length of Residency in the City of Marina: _____ (yrs.) Length of Residency in Monterey County _____ (yrs.)

Are you a registered voter in Marina? _____ yes _____ no

Section C - Questionnaire

How many hours can you devote to the Commission / Committee per month? _____ (hrs.)

**Please include years or period of membership or service below.*

If additional space needed, please feel free to attach additional pages to application.

1) Educational Background: _____

2) Occupational Experience: _____

3) Professional or technical organization memberships: _____

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4) Civic or Community experience, group memberships, or previous service appointments: _____

5) Experience and or knowledge pertaining to the area of interest: _____

I hereby place my signature below which constitutes that the information on this form are true and correct.

Signature

Date



Verification of
Voter Registration

I, _____, hereby declare that I am a registered voter in the City of Marina at the address indicated below and that the following information is true and correct:

(Please Print or type)

Name: _____

Address: _____

City: _____ Marina, California 93933

Phone Number: (home) _____ (work) _____

Fax Number (if any): _____

Email Address: _____

Dated this ____ day of _____, 20____.

Signature

Monterey County Elections Department

_____ Yes, registered voter of Marina

_____ No, not a registered voter of Marina

Signature of MCED Verifying