



## CITY OF MARTINEZ CITIZEN INTEREST FORM

| For City Use Only |                |
|-------------------|----------------|
| Date Interviewed  | ____/____/____ |
| Letter/FPPC       | ____/____/____ |
| Commission        | _____          |
| Appointed         | _____          |
| Reso Number       | _____          |

Date: \_\_\_\_\_

| PERSONAL DATA                          |                             |   |            |
|--|-----------------------------|---|------------|
| NAME                                   |                             | HOME PHONE                              | CELL PHONE |
| RESIDENCE ADDRESS (STREET, CITY)       |                             | E-MAIL ADDRESS                          |            |
| RESIDENT OF CONTRA COSTA COUNTY SINCE: | _____                       | RESIDENT OF THE CITY OF MARTINEZ SINCE: | _____      |
| BUSINESS NAME (IF ANY)                 | BUSINESS ADDRESS            | BUSINESS PHONE                          |            |
| EDUCATION                              | DEGREE _____                |   |            |
|  | VOCATIONAL / TRAINING _____ |   |            |
|  | OTHER _____                 |   |            |

| EMPLOYMENT   |                       |                      |
|--|-----------------------|----------------------|
| PRESENT EMPLOYER (OR LAST)   | POSITION / OCCUPATION | LENGTH OF EMPLOYMENT |
| IF YOU ARE CURRENTLY SERVING ON A COMMISSION OR HAVE PREVIOUSLY SERVED ON A PUBLIC BODY, PLEASE INDICATE THE AGENCY: |                       |                      |
| QUALIFICATIONS FOR APPOINTMENT OR REASONS FOR APPLICATION  |                       |                      |

| IN ORDER OF PREFERENCE, CHOOSE WHICH COMMISSION/COMMITTEE YOU WOULD LIKE TO SERVE |   |
|---|---|
| _____ Cemetery Commission   | _____ Veterans Commission                                     |
| _____ Civil Service Commission  | _____ Planning Commission                                     |
| _____ Design Review Committee   | _____ Parks, Recreation, Marina & Cultural Commission (PRMCC) |
| _____ Oversight Committee   | _____ Other _____   |

| REFERENCES  |         |       |
|---|---------|-------|
| Provide at least two individuals who are local residents qualified to comment and that are not connected officially with the City of Martinez |         |       |
| NAME  | ADDRESS | PHONE |
| NAME  | ADDRESS | PHONE |
| NAME  | ADDRESS | PHONE |

Type Name to Sign Form

If printing, mail or fax completed forms to:

CITY CLERK - City of Martinez  
525 Henrietta Street, Martinez, CA 94553  
Fax: (925) 229-5012