



CITY OF SAN JOSÉ, CALIFORNIA

APPLICATION FOR BOARDS AND COMMISSIONS

MEMBERS OF SAN JOSÉ'S BOARDS AND COMMISSIONS MUST BE RESIDENTS OF SAN JOSÉ. PLEASE USE BLACK TYPE OR PRINT. Submit application to the Office of the City Clerk, 200 East Santa Clara Street, San José, California, 95113, Telephone (408) 535-1252. If more space is needed, please attach additional pages. Applications are valid for one year from the date of receipt and are public record. This application and supplemental are "public documents" and are available for review upon request.

Board or Commission
applying for:

Are you a resident
of San José?

Length of
Residency

Council
District No.

Name
(last, first, middle)

Home Phone No.
Work Phone No.
E-Mail Address

Address

San José, CA Zip

Present Employer (Name/Address)

Job Title/Description of Duties:

Current Employer of Spouse (Name/Address)

Spouse's Job Title/Description of Duties:

College, Professional, Vocational or
Other Schools Attended

Major Subject

Dates Attended

Degree & Date

List any position or office held in any governmental agency, civic or charitable organization including the dates:

Languages spoken:



Special Awards or Recognitions Received:

Please state why you want to become a member of this Board or Commission including specific objectives which you would work toward as a member.

CONFLICT OF INTEREST: State and local law require that you abstain from participation in decisions that may affect your financial interests, including sources of income, interests in real property or investments. In addition, if appointed, you may be required to fill out a disclosure statement which identifies certain of your financial interests beginning with the immediate twelve-month period prior to your appointment. Based on your best judgement, does this Board or Commission make decisions that may affect sources of income, interests in real property or investments of you or your spouse? If yes, please explain. Please identify any organizations, associations, corporations or entities by which you are employed or associated that might be affected by decisions of this Board or Commission, and the positions you hold.

Special Note: Applicants are advised that they may be required to file a statement of Economic Interests (Form 700) disclosing all reportable interests held at the time of appointment. If applicable, a copy of this form will be provided by the City Clerk.

Please state any other information which you feel would be useful in reviewing your application.

SAN JOSÉ REFERENCES:

Name	Phone No.
Address	
Name	Phone No.
Address	

SIGNATURE OF APPLICANT

DATE SIGNED

Disability Advisory Commission Supplemental Questionnaire

Attach additional sheets if necessary

1. Have you ever attended a meeting of the Commission? Yes No
2. The DAC meetings occur as needed on the second Monday of the month from 2:30 pm to 5:30pm. Would you be available to attend meetings at the scheduled time?
Yes No

3. Please describe your experience in serving on a Commission or Board.

4. What is your understanding of the purpose of the Disability Advisory Commission?

5. Considering your experience and activities in business, labor, professional, social, or other organizations, indicate the experience or activity which qualify you for an appointment to this commission.

6. What has been your experience in problem solving community issues relative to the disabled community?

Note: the application and this supplemental questionnaire are the only two forms required to apply for membership to the Disability Advisory Commission