

Applicant Name _____

4. What motivated you to apply for this commission?

5. What skills or attributes can you bring to this commission?

6. What do you think is (are) the top issue(s) facing this commission?

Applicant Name _____

7. Education: List college degrees and majors, and any relevant training or experience that demonstrates your ability to effectively serve on this commission.

8. Briefly describe your current or last occupation.

9. Describe your involvement in community activities, volunteer and civic organizations.

Applicant Name _____

IMPORTANT NOTICES – READ BEFORE SIGNING:

All information provided on this application becomes a public record after it is officially filed. This document may be published to the City website with the interview materials. Personal contact information will be redacted.

Applicants appointed to the **Arts Commission** are required to electronically file the Fair Political Practices Commission (FPPC) Statement of Economic Interests (Form 700), which is a public record. A copy of this form is available in the City Clerk’s Office or by visiting www.fppc.ca.gov

Pursuant to the Americans with Disabilities Act (ADA), the City of Rocklin will make reasonable efforts to accommodate persons with qualified disabilities during the commission interview process. Should you require special accommodations, please contact the City Clerk’s Office at 916.625.5560 at least five days in advance of your scheduled interview.

I certify under penalty of perjury that all statements I have made on this application are true and correct. I hereby authorize the City of Rocklin to investigate the accuracy of this information from any person or organization, and I release the City of Rocklin and all persons and organizations from all claims and liabilities arising from such investigation or the supplying of information for such investigation. I acknowledge that any false statement or misrepresentation on this request for reappointment or supplementary materials will be cause for refusal of appointment or immediate dismissal at any time during the period of my appointment.

Signature of Applicant _____ Date _____

By checking this box, I acknowledge application of my electronic signature.

**Please return to: City Clerk’s Office, 3970 Rocklin Road, Rocklin, CA 95677
or email to CityClerk@rocklin.ca.us**

APPLICATION DEADLINE is Friday, December 6, 2024 at 5:00pm.