

Town of Colma
1198 El Camino Real
Colma, CA 94014
650-997-8300 fax 650-997-8308

Application for Boards and Commissions

APPLYING FOR _____

PERSONAL INFORMATION

Name (last, first, middle)

Address (number, street, apartment number) E-mail address

City, State and Zip Code

Home phone Cell phone

How many years have you lived in Colma? _____ Are you a registered voter in Colma? _____

Why are you seeking this appointment? _____

What qualifies you for this appointment? _____

EDUCATION

Name and Location of School Dates attended Degree Received

Name and Location of School Dates attended Degree Received

WORK EXPERIENCE

Dates Employed Employer Position

Dates Employed Employer Position

I certify that, to the best of my knowledge, all statements in this application are complete and true. I agree and understand that any mis-statement of material fact will cause me to forfeit all rights to appointment to a Commission, Board or Committee with the Town of Colma

Signature Date