



CITY OF SALINAS

200 Lincoln Ave
Salinas, CA 93901
(831) 758- 7383

Return completed application to:
Office of the City Clerk
200 Lincoln Ave
Salinas, CA 93901

APPLICATION FOR APPOINTMENT TO THE CITY COUNCIL VACANCY

Applicant Name: _____

Residence Address: _____

Email: _____ **Phone Number:** _____

Occupation: _____ **Employer:** _____

Please initial next to the following to confirm these are true statements:

_____ I am a Registered Voter _____ I am 18 years of age or older

_____ I am a Resident and live within District 3 boundaries

In addition to completing the application questionnaire, please feel free to attach your resume. In order for your application to be considered, the applicant questionnaire must be completed.

Background, Education, Experience: _____

I hereby certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. In compliance with State law, I understand that I will be required to file a Statement of Economic Interests (Form 700) upon appointment to office and annually thereafter. I understand that my application and materials will be considered a public record and thus will be available for public inspection and copying. I understand that if appointed, I am committed to serving the appointment term as determined by the Salinas City Council.

Applicant's Signature

Date

This application is a public record and will be included with the applicable City Council materials and may be posted on the City of Salinas website. Thank you for your interest in serving on the Salinas City Council.



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APPLICANT QUESTIONNAIRE

Please print or type. If you need more space, attach a separate sheet.

1. What qualifies you to serve on the Salinas City Council?

2. What are your top three priorities for the City of Salinas?

3. Why should you be appointed to serve on the Salinas City Council?

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