



**CITY OF LAWDALE  
APPLICATION FOR APPOINTMENT TO  
CITY COMMISSIONS, COMMITTEES AND BOARDS**

**I am applying for appointment to: (check all boxes that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Planning Commission</b>                                | <input type="checkbox"/> <b>Beautification Committee</b>          |
| <input type="checkbox"/> <b>Parks, Recreation &amp; Social Services Commission</b> | <input type="checkbox"/> <b>Senior Citizen Advisory Committee</b> |
| <input type="checkbox"/> <b>Cable Commission</b>                                   | <input type="checkbox"/> <b>Personnel Board</b>                   |

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Yrs. Lived in Lawndale: \_\_\_\_\_

Occupation (briefly describe your duties): \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Educational Background/Degrees: \_\_\_\_\_

Licenses or Special Certificates Held: \_\_\_\_\_

List any other committees/commissions on which you have served, and the year(s) of service:

\_\_\_\_\_

Organizations to which you belong (professional, technical, community, services):

\_\_\_\_\_

State why you wish to serve and why you believe you are qualified for the position. (Use additional paper, if necessary).

References (include name and daytime phone number): (1) \_\_\_\_\_

(2) \_\_\_\_\_

**I hereby certify that this application is complete and true in all respects and understand that any falsification or omission may be cause for disqualification. I understand and agree to the following: a) that I am disqualified from appointment to any advisory body if I am a relative of a councilmember, a city employee or a person appointed to the same advisory body to which I am applying; b) that any or all information on this form may be verified; c) that this document is a public record subject to disclosure under the Public Records Act; and d) that, if I am appointed, I will be required to submit to a background check by the City.**

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

**The City of Lawndale advises the public, employees and job applicants that it does not discriminate on the basis of race, color, religion, national origin, sex, age or handicap status in providing its services, programs, benefits and employment.**

**RETURN THIS FORM TO:**  
CITY CLERK, CITY OF LAWDALE, 14717 BURIN AVENUE, LAWDALE, CA. 90260  
For information call (310) 973-3213