

CITY OF CAMPBELL
70 N. FIRST STREET
CAMPBELL, CA 95008-1423

APPLICATION FOR APPOINTMENT AS

REQUIREMENTS:- Campbell resident and at least 18 years of age.

Name _____

Address _____

Telephone No: Home _____ Work _____ Email _____

Have you served in a similar capacity previously? Yes _____ No _____

If "Yes", give name of City or other jurisdiction:

Present Occupation _____
(Give Title)

Name and Address of Present Employer (If employed)

Education: High School _____

College _____

Degree(s) Obtained _____

What is your specific interest in this appointment?

Signature _____ Date _____

Measure O Oversight Committee – Supplemental Questions

1. Please describe in detail any experience you have had on boards, commissions, or committees for other cities or jurisdictions? Please be sure to identify name of board, commission, or committee, role you held, and city or jurisdiction.

2. Do you have financial or accounting training or experience? If so, please describe?