CITY OF ATWATER

Application for Appointment to the Merced County Mosquito Abatement District

Please be advised that the information on this form, once submitted, will become a public record subject to disclosure upon request under the Public Records Act.

Eligible applicants shall be a resident and registered voter within the corporate limits of the City of Atwater (Government Code § 2022(b)).

Name: _____

Address: _____

Telephone: (Home) _____ (Work) _____

Email Address: _____

Are you a City employee? _____ If yes, please indicated your position. _____

_____

Occupation: _____

Business Address: _____

General description of employment: _____

_____

Education (highest school year completed, degrees, etc.): _____

_____

How long have you been a resident of the City of Atwater? _____

How did you hear about the vacancy? _____

Identify prior public service, if any: _____

List any present and past community activities and organizations. _____

_____

_____

Are you involved in any activities or organizations that may result in a conflict of interest if you are appointed to District? _____

_____

List your most relevant qualifications, education, training and/or experience related to the District.

_____

_____

State the reasons you are applying for the vacancy. _____

_____

_____

What is your understanding of the role and responsibility of the District. _____

_____

What issues do you believe are most important for the District to address? _____

_____

Have you ever been convicted of a felony or misdemeanor? If so, please describe.

_____

I hereby certify that all information contained in this application is true and complete, and I understand that the information I have provided may be verified by the City.

Date: _____ Signature: _____

Return to: City Clerk
City of Atwater
750 Bellevue Road
Atwater, California 95301

Telephone: (209) 357-6205