



CITY OF EL CENTRO

APPLICATION FOR CITY COUNCIL APPOINTED POSITION

INSTRUCTIONS:

Applications **MUST** be filled out completely so that the City Council may fully evaluate your qualifications.

Return your completed application to: **CITY CLERK'S OFFICE**, City Hall, 1275 Main Street, El Centro, CA 92243 by Sunday, April 6, 2025, at midnight. Late applications cannot be accepted.

Candidates must be 18 years of age, reside within the city limits of the City of El Centro, and be registered to vote in the City of El Centro at the time the application is received.

The following personal information is for internal use only and will not be available to the public. The pages following the application information will be available for public inspection as part of the selection process.

Kindly attach a resume to your application.

PERSONAL INFORMATION

NAME		DATE
FIRST	LAST	
RESIDENCE ADDRESS		EMAIL ADDRESS
CITY	STATE	ZIP
HOME PHONE	CELL PHONE	
ARE YOU REGISTERED TO VOTE IN THE CITY OF EL CENTRO? Y <input type="checkbox"/> N <input type="checkbox"/>		
ARE YOU 18 YEARS OF AGE OR OLDER? Y <input type="checkbox"/> N <input type="checkbox"/>		
DO YOU CURRENTLY SERVE AS AN ELECTED OR APPOINTED OFFICIAL FOR ANY BOARD AND/OR AGENCY WITHIN THE CITY OF EL CENTRO? Y <input type="checkbox"/> N <input type="checkbox"/>		
IF YES, LIST NAME OF AGENCY AND POSITION		
AGENCY NAME	POSITION	
AGENCY NAME	POSITION	

APPLICANT NAME	
FIRST	LAST

EDUCATION

HIGHEST LEVEL OF EDUCATION COMPLETED:		
NAME/LOCATION OF COLLEGES/UNIVERSITIES/HIGH SCHOOL ATTENDED:	MAJOR	DEGREE

EMPLOYMENT INFORMATION/EXPERIENCE

LIST EMPLOYMENT/EXPERIENCE HISTORY BEGINNING WITH YOUR PRESENT OR MOST RECENT POSITION (List Positions held for the last five (5) years)(Attach additional sheet if necessary). Does your position allow you time for Council duties? Please note that Council members do not receive a salary but a minimal stipend of \$1,008/month and expense reimbursement of \$100/month.

Name and Address of Employer(s)	Position Title	Dates of Employment

NON-PROFIT ORGANIZATION INFORMATION

ARE YOU A CURRENT MEMBER OF ANY NON-PROFIT ORGANIZATION? Y N

IF YES, LIST NAME OF ORGANIZATION(S)

ORGANIZATION NAME	POSITION/TITLE
ORGANIZATION NAME	POSITION/TITLE
ORGANIZATION NAME	POSITION/TITLE

Have you ever attended a meeting of this City Council either in person or via zoom? PLEASE CIRCLE. YES NO If so, how many?

Have you ever been convicted of a crime that would prohibit you from holding elective office pursuant to California Elections Code Section 20? PLEASE CIRCLE. YES NO

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

_____ DATE _____ SIGNATURE