



Date Received:

PUBLIC SAFETY FACILITY FINANCING OVERSIGHT COMMITTEE
PUBLIC SERVICE APPLICATION

Thank you for your interest in serving the community as a member of the El Cajon Public Safety Facility Financing Oversight Committee.

Name: _____ Date: _____

Public Safety Facility Financing Oversight Committee Requirements:

For one (1) of the vacancies, applicants must be a resident of the City of El Cajon, and meet one of the following occupations or categories. Please check all that apply:

- Business Owner from the El Cajon Business Community
- Member of a bona fide tax payers' association or organization
- Public Safety Employee (i.e. police or fire personnel), either retired from service or not employed by the city
- A resident elector of the City of El Cajon

For four (4) of the vacancies available, applicants must be a resident or non-resident of the City of El Cajon, must be from one or more of the following occupations, in order to have a broad representation of construction and financing of public facilities. Please check all that apply:

- California Licensed Architect with experience designing and building commercial, industrial or governmental buildings
- California Licensed General Contractor with experience constructing commercial, industrial or governmental buildings
- California Licensed Civil Engineer with experience designing and building commercial, industrial or governmental buildings
- Building/Property Manager with experience in the management of commercial buildings
- Construction Estimator with experience in estimating the construction of large-scale projects
- California Certified Public Account with experience in professional accounting

Public Safety Facility Financing Oversight Committee

Are you a resident of the City of El Cajon? Yes No

How long have you lived in El Cajon? _____

Are you available for meetings in the: Mornings Evenings Both

**APPLICATIONS ARE ACCEPTED ON AN ONGOING BASIS
UNTIL A SEAT IS AVAILABLE.**

***NOTE:** Once a public service application is filed with the City, it becomes a public record and is available to the public.*

GENERAL INFORMATION

Term of Office & Position Type: The term of office is to be determined.

Selection Process: The City Council will consider applications received and interviews will be scheduled accordingly.

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

If you choose to provide more information to any of the following questionnaires, please attach additional pages to this application form.

SUPPLEMENTAL QUESTIONNAIRE

EXPLAIN YOUR INTEREST IN THIS POSITION:

Have you been or are you now a member of a governmental board, commission or committee: Yes No

If Yes, please list:

Are you related to any employees of the City of El Cajon? Yes No

If Yes, please indicate name and relationship:

Are you a registered voter? Yes No

If No, please explain:

Please list your education, training, or special qualifications, which might be relevant to this position:

Please list your membership in service, community organizations or volunteer work that might be relevant to this position:

EMPLOYMENT – CURRENT TO PAST

Name of Employer:

Last job title:

Dates of Employment: From: To:

List the duties performed while you worked at this company:

Name of Employer:

Last job title:

Dates of Employment: From: To:

List the duties performed while you worked at this company:

Name of Employer:

Last job title:

Dates of Employment: From: To:

List the duties performed while you worked at this company:

ELIGIBILITY CERTIFICATION

By signing below, I _____, certify that the information is true and correct to the best of my knowledge.

SIGNATURE _____ DATE _____

Please submit the signed application by mail or in person.
Mail to: City Clerk’s Office, 200 Civic Center Way, El Cajon, CA 92020

Your application for the Public Safety Facility Oversight Committee will remain on file until an open seat/position is available, at which point you will be contacted with information regarding the interview process.