

# MEASURE SST CITIZENS' OVERSIGHT COMMITTEE APPLICATION



CITY OF TORRANCE

This is a Public Document

NAME \_\_\_\_\_

Torrance resident _____ years	Torrance registered voter: Y <input type="checkbox"/> N <input type="checkbox"/>	Commission Certification Training Date: _____
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<b>OFFICE USE ONLY</b>	Registered Voter: <input type="checkbox"/>	Certification Training: <input type="checkbox"/>
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**NOTE: COMMISSION CERTIFICATION TRAINING MUST BE COMPLETED PRIOR TO SUBMITTING APPLICATION.**

**APPOINTED** Members are **REQUIRED** to complete:

- FPPC Conflict of Interest – Statement of Economic Interests Form 700 (Assuming, Annually, and Leaving Office)
- Commission Certification Training (every 2 years) **MUST BE COMPLETED BEFORE APPLICATION IS SUBMITTED**
- Ethics AB1234 (2 hours every 2 years)
- Non-Supervisory Harassment Prevention Training (1 hour every 2 years)

By selecting this box you agree, if appointed, to complete all required forms and training in a timely manner.

*Please be sure to schedule your own appointments with the Mayor and City Council (310) 618-2801.*

Are you now, or have you ever been, a City of Torrance commissioner? Yes  No

If yes, name of Commission: \_\_\_\_\_

**Community Service Experience:**

Organization	Served From	Served To	Office Held

**Education:**

School	Major	Graduation Date & Degree

Additional pertinent courses or training: \_\_\_\_\_

Other skills, experience, or interests: \_\_\_\_\_

Please furnish a brief written response to the questions *using additional sheets as necessary.*

1. Please elaborate on your experience, background, training, education and interests, that you believe make you a strong candidate?

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2. What do you see as the objectives and goals of the committee? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How would you help achieve the objectives and goals of the committee for? What special qualities can you bring to the committee?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This information will remain confidential:**

Name \_\_\_\_\_

*(If appointed, this is how your name will appear on your business cards, name badge, and nameplate)*

Residential Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Phone: Res \_\_\_\_\_ Bus \_\_\_\_\_ Cell \_\_\_\_\_

Have you ever been convicted of any crime or violation of any law or statute other than minor traffic violations?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please attach a separate sheet of explanation.)

**Employment Information:**

Present Occupation: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

Please provide the names, addresses, and telephone numbers of three personal references (other than family members):

Name	Address	Phone

I declare under penalty of perjury that all statements in this application and the attached responses are true and complete to the best of my knowledge and belief.

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