

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

**APPLICATION FOR APPOINTMENT AS**

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**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?

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