



CITY OF CONCORD
APPLICATION
Concord's Representative to the
Contra Costa Mosquito and Vector Control District

NAME		HOME PHONE		CELL PHONE	
RESIDENCE ADDRESS			CITY	STATE	ZIP
LENGTH OF RESIDENCE AT ABOVE ADDRESS	IN CONCORD	IN COUNTY	BUSINESS PHONE	E-MAIL ADDRESS	
EMPLOYMENT					
PRESENT EMPLOYER <i>(or last)</i>			POSITION/OCCUPATION		NO. OF YEARS
ADDRESS		CITY	STATE	ZIP	
EXPLAIN YOUR REASON FOR APPLYING TO THIS ADVISORY BODY.					
WOULD YOU BE AVAILABLE FOR EVENING MEETINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YOU ARE CURRENTLY SERVING ON A BOARD OR COMMISSION, OR HAVE PREVIOUSLY SERVED ON A PUBLIC BODY, INDICATE AGENCY AND EXPLAIN WHAT SIGNIFICANT CONTRIBUTIONS YOU MADE:					
CONSIDERING YOUR EXPERIENCE AND ACTIVITIES IN BUSINESS, LABOR, PROFESSIONAL, SOCIAL, OR OTHER ORGANIZATIONS, INDICATE THE EXPERIENCE, TECHNICAL TRAINING, AND/OR SKILLS WHICH QUALIFY YOU FOR AN APPOINTMENT ON THIS BOARD: <small>(Attached additional sheets if necessary)</small>					
EDUCATION AND TRAINING SUMMARY					
HIGH SCHOOL	CITY	STATE	GRADE COMPLETED	Do you have a High School Diploma or High School Equivalency Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			MAJOR	TYPE OF DEGREE	
TECHNICAL/VOCATIONAL TRAINING					
SIGNATURE OF APPLICANT		PRINT NAME		DATE	

PLEASE MAIL TO: CITY OF CONCORD, CITY MANAGER'S OFFICE, 1950 PARKSIDE DRIVE, MS/01, CONCORD, CA 94519-2578 Phone: (925) 671-3495
 OR E-MAIL TO: cityinfo@ci.concord.ca.us Please type "Mosquito and Vector Control Application" in the subject line of the e-mail.
 OR FAX TO: (925) 671-3375 attn: Administrative Services Coordinator