Print Form

MAYOR BOB FOSTER 333 West Ocean Blvd. 14th Floor • Long Beach • 90802
CITY OF LONG BEACH

AUTHORITIES, BOARDS, COMMISSIONS, AND COMMITTEES APPLICATION

PLEASE NOTE:
You must be a Long Beach resident to serve unless otherwise specified. If you would like to be a candidate for multiple commissions please submit one application per commission or advisory board for which you would like to be considered.

You must submit a bio and/ or resume along with your signed application. Please ensure that your application is completely filled out and mail it attention to Carmen Viramontes in the Mayor's Office at the address above. Should you have any questions please call 562-570-6801.

PLEASE PRINT LEGIBLY... this application is also available in alternate formats

Name of the body you wich to serve on: _____ ☐ **Check here if you are applying for reappointment**

☐ Mr.
☐ Ms.
☐ Mrs.
☐ Dr.

Last Name: _____

First Name: _____ **Middle:** _____

Residence Address: _____ **City:** _____ **Zip:** _____

Business Address: _____ **City:** _____ **Zip:** _____

Residence Phone: _____ **Cell Phone:** _____

Business Phone: _____ **Email address:** _____

Which address do you want shown in the city roster? ***(Required)*** _____

Which phone number do you want shown in the city roster? ***(Required)*** _____

How long have you been a City of Long Beach resident? **Years:** _____ **Are you a Registered** _____

Who is your council member? _____

If you wish to have your council member endorse your application, please have him/her sign below:

Councilmember's Signature: **Date:**

Councilmember's Comments:

PLEASE EXPLAIN WHY YOU WISH TO SERVE:

ORGANIZATION / COMMUNITY VOLUNTEER INVOLVEMENT/ EXPERIENCE:

Organization/Society	Title	Type of Work Performed

EDUCATION HISTORY:

Institution attended: Major: Degree Recv'd:

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PROFESSIONAL LICENSES/CERTIFICATES:

License/Certificate	Date Issued	License/Certificate	Date Issued

Some positions require the appointment of persons with specific degrees or certificates, specialized backgrounds, or experience. Please indicate below those categories for which you qualify:

☐ Accountant	☐Airport Issues	☐Architect	☐Attorney	☐Business	☐Community Svs
☐Disabled Issues	☐Youth /Children	☐Education	☐Trades, Specify:	☐Ethnic/Minority	☐Health, Specify:
☐Historical Preservation	☐Housing Issues	☐Insurance	☐Job Training	☐Low Income	☐Realtor
☐Redevelopment	☐Water/Marinas	☐Other			

ALL APPOINTMENTS ARE SUBJECT TO THE FOLLOWING, PLEASE ACKNOWLEDGE YOU UNDERSTAND AND AGREE TO THE TERMS OF OFFICE BY AFFIXING YOUR INITIALS NEXT TO EACH.

Code Of Ethics and AB 1234 Ethics Training:

Prior to assuming office or employment, every committee or board member shall pledge, in writing, to follow the principles outlined in the Code of Ethics (L.B.M.C. 2.07) while acting in their official capacity. Additionally, every newly appointed committee or board member is required to complete the AB 1234 Ethics training required by California Government Section 53234 and City Policy within the first 60 days of appointment and every 2 years thereafter. Noncompliance will result in automatic removal as detailed in L.B.M.C. Section 2.07.020. **Initials:** _____

Statement Of Economic Interest Form: (700 Form)

In compliance with state law, appointees to commissions are required to file a **Statement of Economic Interests Form (Form 700)** upon appointment, and annually thereafter. Applicants and incumbents are advised that they may be requested to make information available as to any potential conflict of interest arising from their business or affiliations where that affiliation or business may be doing business with the City of Long Beach or the decisions made by the City of Long Beach may influence that business or affiliation. **Initials:** _____

Background Check

All applicants are subject to an investigation relating to their background. **Initials:** _____

PERSONAL REFERENCES:(please print names)

Name: Phone:

Name: Phone:

STATISTICAL INFORMATION (optional): To ensure adequate representation of all ethnicities and cultures in Long Beach, you may choose to volunteer such information below: **Gender:** **M** ☐ **F** ☐

Ethnicity: ☐**Caucasian** ☐**Latino/ Hispanic** ☐ **Asian/Pacific Islander** ☐**African-American** **other:**

Applicant Signature: _____ **Date:** _____

We will retain your application on file for one (1) year.
For questions or to request additional information please contact the Mayor's Office at (562) 570-6801
Please note that this application must be submitted with an original signature.

For Office Use: ☐ Res. Confmd ☐ CO cc'd ☐ LTR ☐ DB ☐S/S