

CITY OF PICO RIVERA STATEMENT OF QUALIFICATIONS

FOR SERVICE ON ADVISORY BOARDS

I am interested in serving on the:	Parks & Recreation Commission	Sister City Commission
1. Name First	Middle	Last
Residence Address		Apt.#
City	State/Zip Code	
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3. Telephone: Home ()	Business ()	E-Mail
4. Business Address		Apt.#
City	State/Zip Code	
	egree, if any; school attended):	
6. Job Experience (Beginning with press	ant or last positions).	
6. Job Experience (Beginning with press Firm	Title	Employment Date
8. Local residents who are qualified to c	omment on my capabilities (including at least two in	ndividuals who are not connected officially with
the City of Pico Rivera): Name	Address	Telephone No.
9. Additional Comments:		
10. Signature	E	Jate:
Attach additional information as needed. Office of the City Clerk, P.O. Box 1016, (Return to: 6615 Passons Blvd., Pico Rivera, CA 90660 or email	to cityclerk@pico-rivera.org
Applications will remain on file for a peri date should file a new application.	od of 12 months from date of submission. Applican	ts wishing to be considered beyond the expiration
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www.pico-rivera.org