

Ponderosa Community Services District

56287 Aspen Dr
Springville, CA 93265
559 542-0913

Application for Appointment to office of Director

Name: _____ Home phone: _____
Address: _____ Work phone: _____
_____ Cell or Fax: _____
 city state zip

Occupation: _____ Employer: _____

- I am a registered voter in the County of Tulare
- I reside within the Ponderosa Community Services District area

Educational Background

<u>School/Institution</u>	<u>Certificate/Diploma/Degree</u>	<u>Major/Course of Study</u>
1.		
2.		
3.		
4.		

Employment Background

<u>Employer</u>	<u>Position/Occupation</u>
1.	
2.	
3.	
4.	

Public Offices Previously Held

<u>Agency</u>	<u>Position</u>	<u>Dates</u>	
1.		Fr:	To:
2.		Fr;	To:
3.		Fr:	To:
4.		Fr:	To;

Personal Statement

Please attach a statement not exceeding 200 words emphasizing your reasons for seeking this appointment, the factors you believe qualify you for this appointment and why you believe the Ponderosa Community Services District Board of Directors or the Tulare County Board of Supervisors should appoint you.

I, the undersigned applicant hereby declare under the penalty of perjury under the laws of the state of California that the foregoing information is true and correct.

_____ Date: _____
Applicant