

COMMUNITY SECTOR REPRESENTATIVE NOMINATION FORM

This signed form and documentation must be submitted/postmarked by **MONDAY, OCTOBER 29, 2018**. You must also submit a resolution of support from the agency, organization or group you are representing. If the organization is a public entity, submit a letter from an authorized official.

This signed nomination form may be submitted in the following ways:

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| By mail: Fresno EOC Elections Office Post Office Box 992 Fresno, CA 93714 | By E-mail: Elections@Fresnoeoc.org | Hand delivered: Fresno EOC 1920 Mariposa Mall, Suite 300 Fresno, CA 93721 |
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Faxes will not be accepted.

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|--|--------|--------------------------------------|----------|
| | FIRST | MIDDLE | LAST |
| NAME | | | |
| | NUMBER | STREET | CITY |
| ADDRESS | | | ZIP CODE |
| EMAIL ADDRESS | | | |
| ORGANIZATION REPRESENTING: | | # YEARS AS A FRESNO COUNTY RESIDENT: | |
| | NUMBER | STREET | CITY |
| ORGANIZATION ADDRESS: | | | ZIP CODE |
| TELEPHONE NUMBER: | | DATE OF BIRTH: | AGE: |
| CURRENT WORK POSITION/TITLE/NAME OF ORGANIZATION: (You may submit a resume if you have one.) | | | |
| RELEVANT EXPERIENCE INCLUDING CURRENT/PAST BOARD SERVICE: | | | |
| HOW WILL I BE AN ASSET TO FRESNO EOC? | | | |



LIST THE REASONS FOR YOUR INTEREST IN FRESNO EOC BOARD OF COMMISSIONERS:

CONFLICT OF INTEREST DECLARATION:

Any close relative employed by Fresno EOC? YES NO If yes, name/relationship:

Economic interest in Fresno EOC? YES NO If yes, please explain:

LIST TWO PROFESSIONAL REFERENCES: Include name, position, organization and contact information.

1.

2.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE IS TRUE AND THAT:

- I am or will be 18 years of age or older by the date of my appointment;
- I am not an employee of Fresno EOC nor a member of the immediate family of an employee of Fresno EOC;
- I have read and understand the Fresno EOC Commissioner Job Description and have the capacity to serve;
- I understand that there is a mandatory full day of training for new commissioners in January and a board retreat for two days at the end of February or early March;
- I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency;
- I have not been convicted of or had a civil judgment rendered against me for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction, for violation of federal and state antitrust statutes or for commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- I have not been indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses above; and
- I have not had any public transactions (federal, state or local) terminated for cause or default during the three years prior to the application.

Signed: _____ Date: _____

YOU MUST ATTACH A RESOLUTION OF SUPPORT FROM THE AGENCY/ORGANIZATION/GROUP YOU PROPOSE TO REPRESENT.

Making a false certification is cause for removal from the Board. If you are unable to certify the above information, please attach an explanation to the application.