



INFORMATION FOR APPOINTMENT TO THE OFFICE OF

I, _____ hereby make application for consideration by the Stanislaus County Community Health Center Board.

Address: _____

City & Zip Code: _____

Phone: (H) _____ (B) _____

*Ethnic Background: _____

*Optional, unless you are applying for an Ethnic Representative position.

Email Address: _____

Particular strengths, background, experience, perspective, and talents which might contribute significantly to efficient administration of local government programs and effective representation of the public sector on policy development are as follows:

Employment Experience:

Organization and Community Experience:

Reason for Application:

Education (high school, college, trade school, or training)

Please list three references with telephone numbers on the **second page**

Do you have any financial or professional interest or association related to this position? Yes____ No____ If yes, please explain.

Do you earn income from the healthcare industry? Yes____ No____ (example: nurse)

References:

<u>Name</u>	<u>Phone</u>
1. _____	_____
2. _____	_____
3. _____	_____

Other information continued from the first page (Optional):

A resume containing other pertinent information about yourself would be helpful to the Board members in evaluating your application.

Date: _____ Signature: _____

***Please note that members of the board must annually file a Conflict of Interest (form 700). More information is available, too, at the FPPC website: www.fppc.ca.gov