

Veterans' Commission Public Service Application



Name:

City of El Cajon
200 Civic Center Way
El Cajon, CA
92020

Phone: 619-441-1763
Fax: 619-441-1537
www.cityofelcajon.us

Ordinance No. 4988 outlines the Powers and duties of the Committee, as well as Membership, Residency and Appointment requirements.

Seats on the Commission consist of a variety of qualifications, all of which are outlined below.

PLEASE CHECK ANY OF THE APPROPRIATE BOXES TO APPLY FOR A FUTURE SEAT:

One (1) Member of the Commission must have either of these qualifications:

- A resident of the City of El Cajon
- An active US military service member or reservist

One (1) Member of the commission must have these qualifications:

- A resident **OR** non-resident of the City of El Cajon
- A former military service member honorably discharged from the U.S. Armed Forces*
- An active member of a 501(c)(19) veterans' organization based within the City of El Cajon

One (1) Member of the Commission must have this qualification:

- A resident of the City of El Cajon
- A former military service member honorably discharged from the U.S. Armed Forces*

Two (2) Members of the Commission must have this qualification:

- A resident of the City of El Cajon
 - A former military service member honorably discharged from the U.S. Armed Forces*
 - An active member of a 501(c)(19) veterans' organization based within the City of El Cajon
-

*Applicants honorably discharged from the U.S. Armed Forces must submit a copy of Form DD 214 with the application form

Contact Information

Date:

Last Name:

First Name:

Middle Name:

Home Address:

City:

State:

Zip Code:

Mailing Address:

City:

State:

Zip Code:

Home Phone:

Business Phone:

Cell phone:

Email:

The above contact information is for internal use only.

The subsequent pages of this application become a matter of public record when your application is being considered for an appointment by the City Council.

Applicant Information for the Veterans' Commission

Name:

Are you a resident of the City of El Cajon? Yes No

How long have you lived in El Cajon?

San Diego County?

Are you available for meetings in the : Mornings Afternoons Both

Explain your interest in this position:

Have you been or are you now a member of a governmental board, commission, or committee? Yes No

If yes, please list:

Are you related to any employee of the City of El Cajon? Yes No

If yes, please indicate name and relationship:

Are you a registered Voter: Yes No

If no, please explain:

Name:

List education, training, or special qualifications, which might be relevant to this position:

- Check this box if you intend to provide a letter from a 501 (c)(19) Veterans Organization indicating active member status.

Veterans' Organization Information

Please list all Veterans' Organizations you are an active member of and their Post/Branch number:

1

2

3

4

5

List any additional service, community organizations or volunteer work that might be relevant to this position:

Name:

Employment - Current to Past

Name of Employer:

Last job title:

Dates of employment:

From:

To:

List the duties performed while you worked at this company:

Name of Employer:

Last job title:

Dates of employment:

From:

To:

List the duties performed while you worked at this company:

IF YOU CHOOSE TO PROVIDE MORE INFORMATION, PLEASE ATTACH ADDITIONAL PAGES TO THIS APPLICATION

Print Name Here: _____

Signature: _____ Date: _____

Applications will be accepted on a continuous basis and will be kept on file until a vacancy occurs.

You can submit this application by mail or in person.

Mail to: City Clerk's Office, 200 Civic Center Way, El Cajon, CA 92020