

COUNTY OF TUOLUMNE  
CALIFORNIA  
Office of the Clerk of the Board of Supervisors  
2 South Green Street  
Sonora, California 95370  
(209) 533-5521

Vacancy Applied For: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: Res. \_\_\_\_\_ Bus. \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Fax. \_\_\_\_\_ Cell. \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

How long have you lived in Tuolumne County? \_\_\_\_\_

Which Supervisorial District do you reside? \_\_\_\_\_

Name and address of present employer: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Briefly describe the qualifications you possess which you feel would be an asset to the Commission/Committee/Group for which you are applying. (Attach extra page(s) if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the community organization(s) and describe participation in which you have been involved.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have sufficient time to devote to this responsibility and plan to attend the required meetings if I am appointed to fill a vacancy. I understand that if I am appointed to a commission where a Disclosure of Assets Statement is required by State Law or Board Policy, I shall do so within ten (10) days of assuming office.

I hereby consent that this document is considered a public record and will be available to the public.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Applications not acted upon will expire after one year from the date submitted unless renewed by applicant.

**Mail or deliver to the Clerk of the Board of Supervisors, 2 South Green Street, Sonora, California 95370**