

LONG BEACH COMMUNITY COLLEGE DISTRICT

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APPLICATION FOR APPOINTMENT: Personnel Commissioner

Name: Last First Middle

Residence Address: Street City/State Zip Code

Primary Phone: Alternate Phone:

Email: Cell Phone:

Are you resident within the territorial jurisdiction of the District? Yes No

Are you a registered voter? Yes No

Are you employed by the Long Beach Community College District? Yes No

Do you have any relatives working for the Long Beach Community College District? *If Yes, please list Name: Relationship:

Name: Relationship: Relationship:

Please provide a letter of interest and resume (attached to this application), work history and any voluntary and/or paid (including self-employment) experience. Please include any community and/or professional activities you have been involved in, whether they were performed as a member or as an officer, director, or board member.

I hereby certify that all answers and statements herein and submitted as attachments are true and correct to the best of my knowledge.

Signature: Date: