



**APPLICATION FOR APPOINTIVE POSITION
2008**

IRVINE RESIDENTS WITH DISABILITIES ADVISORY BOARD

Instructions: *A separate application is required for each appointive position for which you apply. Applications should be filled out completely so that the City may fully evaluate your qualifications. Applications will be kept on file for one year. If you are not selected for appointment during that period of time, it will be necessary for you to resubmit an application if you are still interested in being considered.*

Name: _____
(First) (Middle) (Last)

Address: _____

City _____ State _____ Zip Code _____

How long have you lived in Irvine? _____ Home Phone _____

Business Address _____ Work Phone _____

City _____ State _____ Zip Code _____

Driver License or ID Number _____

Have you been convicted of any crime or violation of any Law or statute other than minor traffic violations?

No ___ Yes ___ If yes, please explain _____

Name and Location of High School/College/University Attended Major Degree

Please list prior or current civic experience (Include membership in professional, charity or community organizations)

Name of Organization	Dates Served	Office held (if any)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Occupational History (Begin with your present or most recent position – Please list all positions held for the last five years)

Firm or Organization	Type of Business	Title	Date of employment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References (Include names of at least two residents of Irvine who are not officially connected with the City)

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____

In the space provided below or on an attachment, summarize briefly why you wish to serve the City of Irvine on this committee. Include any special qualifications you have which are particularly appropriate to the position for which you are applying.

Signature _____ Date _____