

Veterans' Commission Public Service Application

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

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

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 and **will not** be viewed by the public.
The following pages **will be** available to the public and may be posted on the Agenda which is posted on the City Website.

Requirements for the Veterans' Commission

Name:

Information on the El Cajon Veterans' Commission can be found online at www.cityofelcajon.us or by calling the Recreation Department at (619) 441-1754.

Application Period:

OPENED UNTIL FILLED

Vacancies: One (1) Commissioner

Duration of Term: One (1) four-year term ending January 31, 2021

VACANCY

Applicants must be a resident of the City of El Cajon and must meet each qualifications below.* If applying for this Seat, please check the appropriate boxes:

I am a resident of the City of El Cajon

AND

I have been in an active service or a reservist with the armed forces at any time within the past ten (10) years prior to appointment

AND

I am an active member of a 501(c)(19) veterans' organization based within the City of El Cajon:

American Legion, Post 303; Veterans of Foreign Wars, Post 2275; Navy Fleet Reserve Association, Branch 47; AMVETS, Post 17; **OR** Marine Corps League Detachment, Post 1032

* Applicants honorably discharged from the U.S. Armed Forces must submit a copy of Form DD 214, or other proof of honorable discharge, with the application form.

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: _____

You can submit this application by mail or in person to:
City Clerk's Office, 200 Civic Center Way, El Cajon, CA 92020