

# 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:**

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**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

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**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

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**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\*

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**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
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\*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 for future vacancies.

You can submit this application by email, mail or in person. Applications must be signed.

Email to: [CityClerk@cityofelcajon.us](mailto:CityClerk@cityofelcajon.us)

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