CITY OF ALAMEDA APPLICATION
PENSION BOARD

Please check which seat(s) you are qualified for:

☐ Fire Department Representative ☐ Member-at-Large

☐ Police Department Representative

Please clearly print the following information:

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

Address:_____

Telephone Home:_____ Business:_____

E-mail:_____

Occupation:_____ Employer:_____

Would Board decisions conflict with your or your spouse's business/occupation? Yes ☐ No ☐
If yes, please explain:_____

_____

Qualifying Education (List schools attended and degrees obtained):_____

_____

Qualifying Experience (List prior practical experience which would qualify you for the Board):

_____

_____

Other Comments:_____

_____

Application forms are public information. Would you like your telephone numbers/address withheld? Yes ☐ No ☐
Would you like your e-mail address withheld? Yes ☐ No ☐

Nominees are subject to background investigations. Do you agree to be subject to an investigation? Yes ☐ No ☐

_____
(Signature) (Date)

File with the City Clerk, City Hall, 2263 Santa Clara Avenue, Room 380. Applications are valid for one year. You will be notified if appointed. Please note anyone appointment to a Board/Commission will be required to file a Statement of Economic Interests, Form 700.

Revised 1-2016