



APPLICATIONS TO SERVE ON CITY COMMISSION

Notice is hereby given that the City of South El Monte is accepting applications to fill one vacancy on the Community Services Commission. The term of office shall expire on January 24, 2017.

In order to qualify for consideration you must be a South El Monte resident and submit both a commission and live scan application. No city employee is eligible to serve as a member of the commission.

Commission and live scan applications may be obtained Monday through Thursday at the Reception Desk at South El Monte City Hall, 1415 N. Santa Anita Avenue, South El Monte or on the city's website www.ci.south-el-monte.ca.us. The deadline for accepting applications is June 30, 2016 by 5:00 p.m.

For further information, please contact the City Clerk's Office at (626) 579-6540, extension 3280.



CITY OF SOUTH EL MONTE APPLICATION FOR APPOINTMENT TO COMMISSION

The City of South El Monte welcomes your interest to serve on a City Commission. All applicants must be residents of the City of South El Monte and be fingerprinted via Live Scan Service. City of South El Monte employees are not eligible to serve as a member of a commission.

Commission to which appointment is sought:

() Community Services () Patriotic () Planning

PERSONAL INFORMATION *Please print the following information*

Name: _____

Address: _____

Years in South El Monte: _____ Home Phone: _____

E-mail Address: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Employer's Address: _____

EDUCATION/TRAINING

Grammar School

Name/Location	Highest Grade Completed
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High School

Name/Location	Highest Grade Completed
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University, College, Trade School, or Other

Name/Location	Major/Degree
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Name/Location	Major/Degree
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PROFESSIONAL AND BUSINESS ASSOCIATIONS

OFFICES HELD

Would you have any difficulty in attending the necessary night meetings? (A minimum of 1 a month)

Is it possible that your personal or business activities would be in conflict with you serving as a commissioner?

If yes, please explain:

Explain in your own words the qualifications or experience you possess that would be an asset as a commissioner:

IMPORTANT

The application process will be used to assist the City Council in their selection of appointments. The City Council is not bound by the submittal of an application to make an appointment.

Signature of Applicant: _____ **Date:** _____

Return Completed Commissioner Application and Request For Live Scan Service Form To:

Office of the City Clerk
1415 Santa Anita Avenue
South El Monte, CA 91733
(626) 579-6540 Ext. 3280

Live Scan

Live Scan fingerprinting is the technique and technology used to capture fingerprints electronically. It replaces the more traditional method of ink and paper. The fingerprints are electronically transmitted to the Department of Justice (DOJ) for a criminal record background check.

Please bring the items listed below to your Live Scan Session:

- The completed "Request for Live Scan Service" form.
- A valid government-issued photo ID, such as a driver's license or passport.
- Payment for the Live Scan service. (Reimbursement will be provided by the City of South El Monte upon proof of payment.)

Location	Hours	Rolling Fee (Fingerprinting)	Form of Payment Accepted
(El Monte – Y43) Inter-Continental 10931 Valley Boulevard El Monte, CA 91731 (626) 454-1112	Monday – Friday 9:00 a.m. – 6:00 p.m. Closed for lunch from 1:00 p.m. to 2:00 p.m.	\$20	Cash & *Credit Cards *Credit Card Processing Fee Will Apply.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A6000

ORI (Code assigned by DOJ)

CITY COMMISSIONER

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

CITY OF SOUTH EL MONTE

Agency Authorized to Receive Criminal Record Information

1415 N. SANTA ANITA AVENUE

Street Address or P.O. Box

SOUTH EL MONTE

City

CA

State

91733

ZIP Code

03085

Mail Code (five-digit code assigned by DOJ)

JENNIFER E. VASQUEZ

Contact Name (mandatory for all school submissions)

(626) 579-6540

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex

Male

Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number

146086

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number

(Other Identification Number)

Home Address

Street Address or P.O. Box

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

DOJ

FBI

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed