

## **APPLICATION FOR APPOINTIVE POSITION 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. Per Board bylaws, the recruitment process will be continuous and qualified applicants will remain on a list to fill future vacancies should the need arise.

STATE	ZIP	HOW LONG HAVE	YOU LIVED IN IRVINE?
STATE	ZIP		YOU LIVED IN IRVINE?
STATE	ZIP	HOME PHONE*	
		WORK PHONE	
STATE	ZIP	TITLE	
STATE	ZIP	IIILE	
O OF ANY CRIME OR VIOLATI	ON, OTHER THAN I	MINOR TRAFFIC VIOLAT	ΓΙΟΝS? If YES, provide
HIGH SCHOOL/COLLEGES/UNIVERSITIES ATTENDED		MAJOR	DEGREE
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VIC EXPERIENCE  PRIOR OR CURRENT CIVIC EXPERIENCE	(Include membersh	ip(s) in professi	onal, charity, or commu	nity organizations)	
		DATES SERVED		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME OF ORGANIZATION	START DATE	END DATE	OFFICE HELD (If any)		
CCUPATIONAL HISTO	RY				
OCCUPATIONAL HISTORY BEGINNING		T OR MOST REC	ENT POSITION (List all p	ositions held for the	
five (5) years)			.2 r		
FIRM OR ORGANIZATION	EMPLO	EMPLOYMENT		TITLE	
	START DATE	END DATE	TYPE OF BUSINESS	IIILE	
FERENCES					
LUDE NAMES OF AT LEAST TWO (2) RES	IDENTS OF IDVINE W	HO ARE NOT O	FFICIALLY CONNECTED	WITH THE CITY	
	DIDLINIS OF INVIINE W	TIO /IIIL INO I O		WITH THE CITY	
NAME		DDRESS*		PHONE*	
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NAME  DARD SERVICE SUMM  EFLY SUMMARIZE WHY YOU WISH TO S	A R Y  ERVE ON THIS BOARI	DDRESS*  D. INCLUDE AN	Y SPECIAL QUALIFICATION	PHONE*  ONS WHICH ARE	
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