



**Palmdale Recycled Water Authority (PRWA)
Public Member Application**

Please Print or Type:

Name: _____

Address: _____

City: _____ Zip Code: _____ Home Phone: _____

Bus. Phone: _____

Occupation: _____

Why are you interested in this position? _____

Considering your previous experience and activities in business, labor, professional, social or other organizations, indicate what you feel are the most important experiences and abilities that qualify you for this position. _____

Have you had previous public service experience on a commission or public body? If so, indicate the public agency, title of position, and duties. _____

What do you hope to accomplish as a Palmdale Recycled Water Authority Member? _____

In your opinion, what is the goal of the Palmdale Recycled Water Authority and what benefit does it provide to the citizens of Palmdale? _____

List your education, highest year completed, and degrees, if any? _____

REASONABLE ACCOMMODATIONS: Based on your understanding of this PRWA position, will you require any special accommodations to apply and/or participate as a member? ___ Yes ___ No

If yes, what reasonable accommodations would be necessary to assist you in this area?

In Case of Emergency:

Whom should we notify?

Name	Relationship to Applicant
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Home Phone: _____ Work Phone: _____

Physician's Name: _____ Phone: _____

Do you have any medical history that we should be aware of in the event of an emergency? (Allergies, medications, etc.)

Agreement

The City of Palmdale and Palmdale Water District are equal opportunity employers and do not discriminate in hiring or employment upon any basis prohibited by law, including race, color, creed, religion, age, sex (including pregnancy, childbirth and related medical conditions), cancer, national origin, genetic characteristics, genetic information, ancestry, sexual orientation, gender, gender identity, gender expression, marital status, veteran status, disability, or any other basis protected by applicable law. None of the questions or information sought in this application are intended to discriminate based upon any status protected by law. If you need reasonable accommodation in completing this application, or in any other part of the application process, please contact the Palmdale City Clerk's Office at 661/267-5151.

I certify that all statements on this application are true and complete to the best of my knowledge. I hereby authorize the City of Palmdale to investigate any information contained in this application. I understand that as part of the final selection process I will be required to pass a livescan fingerprint scan submission via the California Department of Justice. I understand that information collected during this background check will be limited to that appropriate to determining my suitability for particular types

of work and that such information collected during the check will be kept confidential. I understand that false or misleading statements shall be sufficient grounds for disqualification from this position.

I hereby agree to the Agreement set forth on this ____ day of _____, 20_____.

Signature:

If you wish, you may attach a copy of your resume to this application.

Please return the completed application to the Office of the City Clerk, City of Palmdale, 38300 Sierra Highway, Suite C, Palmdale, CA 93550. For additional information, you may call the City Clerk's office at (661) 267-5151.