

# Application

## Elk Hills School District Bond Oversight Committee

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Business \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Occupation \_\_\_\_\_  
Company \_\_\_\_\_  
Business Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Please complete the following or attach a current resume.  
Education (List degrees or highest year completed and the college or school.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employment History

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Public and Community Service

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Check if applicable) I am related to a current employee of the district. If yes, name of employee and your relationship \_\_\_\_\_

I understand that I may not be an employee or official of the Elk Hill School District or a vendor, contractor, or consultant for the Schools Facilities Improvement District or the Elk Hills School District and serve as a member of the Oversight Committee.

I certify that I meet all eligibility requirements including (1) at least one criteria indicated by the undersigned on page 2 of this Application, and (2) a resident of the School Facilities Improvement District (map attached), and (3) at least 18 years of age, and (4) not be disqualified from holding civil office by the Constitution or any law of the State of California.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Page 2 Application  
Elk Hill School District  
Bond Oversight Committee**

Name \_\_\_\_\_

I certify that I meet the criteria for at least one of the following requirements of Proposition 39:

I am the parent or guardian of a student enrolled in the Elk Hill School District.  
Name of school \_\_\_\_\_

I am an active member in a business organization representing a business community located within the School Facilities Improvement District.  
Name of Business Organization \_\_\_\_\_  
Address of Business \_\_\_\_\_

I am an active member in a senior citizen's organization that is located within the Schools Facilities Improvement District.  
Name of Organization \_\_\_\_\_  
Address of Organization \_\_\_\_\_

I am an active member in a bona-fide taxpayers association located within the Schools Facilities Improvement District.  
Name of Association \_\_\_\_\_  
Address of Association \_\_\_\_\_

I am an active member in a parent-teacher organization and am the parent or guardian of a student enrolled in the Elk Hills School District.  
Name of Organization \_\_\_\_\_  
Name of School \_\_\_\_\_

I am a member of the community at-large within the School Facilities Improvement District.

\_\_\_\_\_  
Date Signature

Please provide three names and telephone numbers of references:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

