APPLICATION AND BIOGRAPHICAL DATA
FOR THE CITY OF CULVER CITY DR. KING CELEBRATION COMMITTEE MEMBERSHIP
(please type or print)

The information contained on this form is for the use of the City of Culver City Dr. King Celebration Community Voting Members in order to fill vacancies. However, all information on this form will become a public record and be available for public inspection or duplication as authorized by law.

General Information

1. I __________________________ identify that I am submitting a formal application to the City of Culver City Dr. Martin King Celebration Committee (MLK) for the following: (please initial the position you are seeking)

   ___ Voting Member Vacancy       ___ Alternate Voting Member Vacancy

2. Name: ____________________________________________ Telephone ( ) ______________
   Address: ____________________________________________ Zip __________________
   Business: ____________________________________________ Telephone ( ) ______________
   Address: ____________________________________________ Zip __________________
   Email: __________________________________________________________________

   Answer the following: (Use additional sheets if necessary)

3. Community Service
   (List boards, commissions, committees and organizations on which you have served or currently serve; offices held and in what city.)
4. **Employment**  
(Title and duties, current and past.)

5. **Education**  
(Including professional or vocational licenses and certificates.)

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**Personal**

6. Are you a U.S. citizen?  
YES____  NO____

7. Are you registered to vote in Culver City?  
YES_____  NO____

8. Have you ever been convicted, fined, imprisoned, or placed on probation for a felony or for a misdemeanor involving fraud?  
YES_____  NO____

9. Have you ever worked for the City of Culver City? (If yes, list dates and names of departments.)  
YES_____  NO____

10. Rules or law and ethics prohibit members from participating in and voting on matters in which they may have a direct or indirect financial interest. Are you aware of any potential conflicts of interest which may develop from your occupation or financial holdings in relation to your responsibilities as a member of the MLK Celebration Committee? (If yes, please indicate any potential conflicts.)  
YES_____  NO____

11. Have there been, or are there now, any business circumstances which might reflect adversely on the propriety of your serving as a member of the MLK Celebration Committee?  
YES_____  NO____

12. How many meetings of the Committee have you attended in the last year? __________

13. How much time, on a monthly basis, do you anticipate spending on preparation for and attendance at meetings of the MLK Celebration Committee? __________
14. Why are you interested in appointment to a City of Culver City Dr. King Celebration Committee?

15. What is there specifically in your background, training, education or interests which qualifies you as an appointee?

16. What do you see as the objectives and goals of the MLK Celebration Committee?

17. How would you recommend the objectives and goals of the Committee be changed or augmented?

18. How would you help achieve the Committee’s established objectives and goals?

19. What special qualities can you bring to the Committee to which you seek appointment?
REMINDER: All information on this application will become a public record and be available for public inspection or duplication as authorized by law.

I hereby certify that the foregoing information is correct to the best of my knowledge

Signature:_________________________ Date:_________________

You are invited to attach additional pages, enclose a copy of your resume, or submit supplemental information which you feel may assist the City of Culver City Dr. King Celebration Committee in its evaluation of your application.

Submit application(s) and attachments to: City of Culver City
Attention: Arames White - Shearin
4117 Overland Avenue
Culver City, CA 90230

Or email with electronic signature arames.white-shearin@culvercity.org

(310) 253-6675

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