

CITY OF WEST COVINA

Application for Appointment to Audit Committee

The City of West Covina welcomes your interest to serve on the City's Audit Committee. All committee members must be residents of the City of West Covina and be at least 18 years of age.

PERSONAL INFORMATION Please print the following information					
Na	ame:				
Ac	Idress:				
Years in West Covina:			Home phone:		
E-	mail address:		Cell phone:		
Employer:			Work phone:		
O	ocupation:				
Εſ	DUCATION/TRAINING				
Hi	gh School				
Co	National Nat	ame/Location		Highest grade completed	
	Name/Location	Major		Degree	
	Name/Location	Major		Degree	
1.	Please list any finance/acco you to serve on the audit co		nce experience that y	you possess, which you feel qualifies	
2.	Please list any certifications, professional licenses, personal experiences or interests, which you feel qualifies you to serve on the audit committee.				
3.	Please list any civic activitie	es, clubs, associations	s, etc. that you are in	volved in. (current and past)	

4.	Briefly state why you are interested in serving on the City of West Covina Audit Committee and how you can contribute to the City as a committee member.
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5.	What do you understand to be the objectives and/or goals of the audit committee and how would you help achieve these objectives/goals?
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	<u>IMPORTANT</u>
as In	ppointees to the audit committee may be required to complete a Statement of Economic Interests form required by California Government Code §87200 et seq. and the City of West Covina Conflict of terest Code. Statement of Economic Interests forms are considered a public record pursuant to The alifornia Public Records Act (Government Code 6520 et seq.) and may be made available to any ember of the public upon request.
Co	ne application process will be used to assist the City Council in their selection of appointments. The Cit ouncil is not bound by the submittal of an application to make an appointment. Applications will be kept one in the City Clerk's Office for one year from the date of submittal.
Ci.	anature of Applicant:

RETURN COMPLETED APPLICATION TO:
Office of the City Clerk
1444 W. Garvey Avenue
West Covina, California 91790
626-939-8433