



APPLICATION FOR ADVISORY BOARDS/COMMITTEES

Please complete the attached application and return it to:

City of South Jordan
Attention: City Recorder
1600 W. Towne Center Drive
South Jordan, UT 84095 or Fax: (801) 254-3393

PLEASE NOTE:

Applications will be submitted to the City Council for consideration of appointment for current vacancies only. If not selected, application will be resubmitted if a vacancy occurs. Applications will be kept on file for one year from the date of completion. If you have any questions, please contact the City Manager's office at (801) 254-3742.

Applicant may update application, or add additional Boards/Committees, by contacting the City Recorder.

A financial disclosure form may be required, in some cases.

A resume, letters, or other pertinent information may be attached to this application, and all information will be forwarded to the members of the City Council.

Citizen Advisory Committee Appointment Information Form



SOUTH JORDAN
U T A H

Application Date: _____

Name: _____

Street Address: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

Education Years Completed: _____

College(s): _____ Degree: _____

_____ Degree: _____

Employer: _____

Position: _____ Years: _____

Work Experience: _____

Community _____

Why do you desire to serve on this Committee? _____

Interests and Activities: _____

Committee Appointment Preference

1st _____

2nd _____

3rd _____

How many hours do you anticipate being able to spend on this appointment each month? _____

Are you a South Jordan Resident? Yes No If yes, how many years? _____

Are you a registered Sale Lake County voter? Yes No

Do you own property in South Jordan? Yes No If yes, how many years? _____

Are you currently serving on another Public Board? Yes No If yes, what board? _____

How long have you lived in the Salt Lake Valley of Utah? _____

Your Age Group: 16-17 18-25 26-34 35-49 50-65 over 65

List references who can speak to your abilities and qualifications for service on this committee:

1. Name: _____ Phone: _____

Organization: _____

Address: _____

2. Name: _____ Phone: _____

Organization: _____

Address: _____

3. Name: _____ Phone: _____

Organization: _____

Address: _____

Thank you for your interest in serving on a Citizen Advisory Committee with South Jordan City.

- A completed appointment information form is required for consideration for appointment. A financial disclosure may also be required.
- Applications filed with the City Recorder are placed on a resource list and will remain active for a period of one year. At the end of one year, names are removed from the City's resource list unless an applicant specifically requests that their name remain on the list for one additional year.
- All appointments to the Citizen Advisory Committees are made in an open session of the City Council.

Signature: _____

Date: _____

Please return this completed form to:
Office of the City Recorder
South Jordan City Hall
1600 West Towne Center Drive
South Jordan City, Utah 84095
Phone: 801-254-3742 Fax: 801-254-3393
www.sjc.utah.gov