



## INSTRUCTIONS TO COMPLETE THE CITY OF SAN JUAN CAPISTRANO COMMISSION APPLICATION

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Thank you for your interest in serving your community.  
Please read the information below.

- Complete form in entirety.
- If the information does not fit within the space provided, please abbreviate where appropriate or attached a separate sheet of paper.
- You are encouraged to attach a resume or other biographical information.
- Sign the application.
- Completed applications must be received by the City Clerk no later than **4:30 p.m. Friday, September 25, 2026.**
- Emailed applications are highly recommended:  
[cityclerk@sanjuancapistrano.org](mailto:cityclerk@sanjuancapistrano.org)
- Mail or delivery to:  
City of San Juan Capistrano Office of  
the City Clerk  
32400 Paseo Adelanto  
San Juan Capistrano, CA 92675

## Application for Commission, Committee or Board



City of San Juan Capistrano  
Office of the City Clerk  
32400 Paseo Adelanto  
San Juan Capistrano, CA 92675  
(949) 493-1171

Thank you for your interest in serving the City of San Juan Capistrano. Please be aware that a condition of appointment is that members must:

- File Fair Political Practices Commission Conflict of Interest Statements (Form 700) upon assuming office, leaving office and annually;
- Attend state mandated Ethics Training (AB 1234) within one year of appointment and bi-annually thereafter; attend state mandated Harassment Prevention Training (AB 1661) within 6 months of appointment and bi-annually thereafter; attend state mandated Fiscal and Financial Responsibility Training (SB 827) within 6 months of appointment and bi-annually thereafter; and
- Be a resident in the City of San Juan Capistrano

Members of all commissions, committees, and boards are subject to City Council policies related to meeting conduct and attendance, among other policies.

|                                                                                                               |             |           |                           |  |
|---------------------------------------------------------------------------------------------------------------|-------------|-----------|---------------------------|--|
| Last Name:                                                                                                    | First Name: | M.I.      | Primary E-Mail Address:   |  |
| Address:                                                                                                      |             |           | Mobile/Primary Phone No.: |  |
| City:                                                                                                         | State:      | Zip Code: | Alternate Phone No.:      |  |
| San Juan Capistrano                                                                                           | CA          | 92675     |                           |  |
| Name of Commission/Committee/or Board you are applying for:                                                   |             |           |                           |  |
| What education, specialized training, or skills do you have that will benefit the commission/committee/board? |             |           |                           |  |
| Why are you interested in this commission/committee/board?                                                    |             |           |                           |  |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Briefly state your current or past professional/occupational experience:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Please list any community involvement, community service, fraternal or professional organizations and duration of those efforts:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| What do you believe to be the duties and obligations of the position for which you are applying, including the number of hours monthly you will be available to serve, if appointed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p>Although a conviction record will not necessarily be a bar to appointment, have you ever been convicted, imprisoned, or placed on probation for an offense other than a traffic citation or traffic misdemeanor?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </p> <p>Can you perform all of the duties that are required for the appointment?      Yes      No (If No, please state details on a separate sheet and describe accommodations necessary.)</p> <p>Please use this space to provide any additional information you feel is pertinent to your qualifications for an appointment.</p> |

**PLEASE READ CAREFULLY BEFORE SIGNING**

"I certify that all statements made in this application are true and complete to the best of my knowledge. I authorize the City of San Juan Capistrano to make investigations and inquiries that are limited to the requirements for this position. I understand that any false or misleading information given in my application or any step in the employment selection process will subject me to disqualification or dismissal." If appointed to a city job, applicants will be required to submit verification of legal right to work in the U.S. Prior to hiring, a candidate will be fingerprinted and medically examined at City expense, and failure to pass the medical exam may be disqualifying. Conviction records will be checked.

I understand that, pursuant to the City of San Juan Capistrano's Conflict of Interest Code, I am required to file Fair Political Practices Commission Statements of Economic Interest upon assuming office, leaving office, and annually; pursuant to California State AB 1234, I am required to complete a certified Ethics Training course within one year of appointment and at least biannually during my service; and pursuant to California State AB 1661, I am required to complete a certified Harassment Prevention Training course within six months of appointment and at least biannually during my service; and pursuant to California State SB 827, I am required to complete a certified Fiscal and Financial Responsibility Training course within six months of appointment and at least biannually during my service.

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