



CITY OF HOLTVILLE

121 West Fifth Street
Civic Center · Holtville, California 92250 · (760) 356-4574
"The Carrot Capitol of the World"

Application for the City of Holtville's Representative to the Imperial Valley Health Care District Initial Board of Directors Created by Assembly Bill 918

The Holtville City Council is seeking a local resident to serve as the City's representative to the Imperial Valley Health Care District Initial Board of Directors created by Assembly Bill 918. You may attach a resume or any additional information which you feel will assist the Council in their selection. This application should be typed or clearly printed and filed with the City Clerk

Name: _____ Telephone: _____

Residence Address: _____

Present Occupation & Place of Employment: _____

Education Background: _____

Membership in Community Organizations or Professional Groups: _____

Please list City Boards and/or Commissions on which you have previously served:

Please list any relevant knowledge and or experience that qualify you for this position:

Please state the reasons for which you wish to be considered for this appointment:

No member appointed to the initial Imperial Valley Healthcare District Board of Directors may be a current or former employee of the El Centro Regional Medical Center, the Pioneers Memorial Hospital, or Pioneers Memorial Healthcare District. Are you or have you ever been employed by one of those entities? _____

Would you be available for meetings in the daytime _____, evenings _____, or both _____.

Resident of the City since: _____

Appointees and incumbents shall file the Statement of Economic Interest forms as required by the State of California. For example, the statement could include source of income, real property investments, and /or savings accounts within the City of Holtville depending upon the appointment. In addition applicants must be registered voters.

Completed applications should be returned to the City Clerk's office, 121 West Fifth Street, Holtville, California 92250, prior to any closing dates established.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF APPLICANT: _____

PRINTED NAME: _____ DATE: _____

*****FOR OFFICE USE ONLY*****

Received by: _____ Date: _____

CHECK ONE ~ _____ Counter _____ Fax _____ Mail

Appointed to: _____

Date of Appointment: _____

Signature/Title: _____