



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
Fax: (801)254-3393
Email: acrookston@sjc.utah.gov

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.

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 uploaded to this application, and all information will be forwarded to the members of the City Council.

If you have any questions, please contact the City at (801) 446-HELP (4357).



Advisory/Board Committee Appointment Application

Committee Appointment Preference
First: _____
Second: _____
Third: _____
Application Date: _____

Name: _____

Street Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

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:

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 Salt Lake County voter? Yes No

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

Are you currently serving on another Public Board? Yes No If so, 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: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Thank you for your interest in serving on an Advisory Board/Committee with the City of South Jordan.

- A completed application 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 City's resource list unless an application specifically requests that their name remain on the list for one additional year.
- All appointments to the Advisory Boards/Committees are made in an open meeting of the City Council.

Signature: _____ Date: _____