



DEL NORTE SOLID WASTE MANAGEMENT AUTHORITY  
APPLICATION FOR APPOINTMENT

**PUBLIC COMMISSIONER**  
**DEL NORTE SOLID WASTE MANAGEMENT AUTHORITY**

PLEASE FILE THIS APPLICATION BEFORE 4 P.M. October 3<sup>rd</sup>, 2022 AT:

DEL NORTE SOLID WASTE MANAGEMENT AUTHORITY  
P.O. Box 1924  
CRESCENT CITY, CA 95531  
Or via e-mail to: [tedd@recycledelnorte.ca.gov](mailto:tedd@recycledelnorte.ca.gov)  
707 465 1100

NAME OF APPLICANT: \_\_\_\_\_  
First Last

ADDRESS: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

1. Background experience and interests. Please indicate past volunteer or paid involvement with community, civic, or social groups that pertain to this position. Resumes may be attached to this application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Current Employment: \_\_\_\_\_

3. Employment experience pertinent to this position (please feel free to attach a resume):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Education. Indicate the highest grade level achieved and any schooling that may be pertinent to this position, including any certificates or specialized training:

\_\_\_\_\_  
\_\_\_\_\_

5. Why are you interested in this position? Please indicate the number of hours per month/week that you can commit to this position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date