



ADVISORY GROUP NAME:

**MEASURE X CITIZENS'  
OVERSIGHT COMMITTEE**

# CITY OF OCEANSIDE

## Application for MEASURE X CITIZENS' OVERSIGHT COMMITTEE (COC)

*This application is defined as a public record under the Public Records Act. Completion and submission of this application is required for consideration of appointment to the COC. You must be a resident of the City of Oceanside.*

**Please be advised** that the COC will require filing a Statement of Economic Interest if you are appointed. Background checks are completed by the Oceanside Police Department on all applicants. Applications are kept in an active file in the City Clerk's Office for a period of one (1) year and are submitted to the Mayor and City Council when vacancies arise, unless a written request is received from the applicant to withdraw their application.

It is the policy of the City of Oceanside that no qualified disabled person will be denied the opportunity to participate as a member of the COC. Appropriate arrangements will be made to accommodate individuals as needed.

### PLEASE RETURN COMPLETED APPLICATIONS TO:

Mail: City Clerk Department  
300 North Coast Highway  
Oceanside, CA 92054

Email: [MeasureXCOC@oceansideca.org](mailto:MeasureXCOC@oceansideca.org)

**APPLICANT'S NAME:** \_\_\_\_\_  
(Please print – no nicknames)

**HOME ADDRESS:** \_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City) (Zip Code) (Cell Number)

**E-MAIL ADDRESS:** \_\_\_\_\_

**CURRENT EMPLOYER:** \_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Company address)

\_\_\_\_\_  
(City) (Zip) (Phone Number)

**POSITION TITLE:** \_\_\_\_\_

**PREVIOUS EMPLOYER 1:** \_\_\_\_\_  
(Company Name)  
\_\_\_\_\_  
(Company address)  
\_\_\_\_\_  
(City) (Zip) (Phone Number)

POSITION TITLE: \_\_\_\_\_

**PREVIOUS EMPLOYER 2:** \_\_\_\_\_  
(Company Name)  
\_\_\_\_\_  
(Company address)  
\_\_\_\_\_  
(City) (Zip) (Phone Number)

POSITION TITLE: \_\_\_\_\_

***Please attach a current resume.***

**DRIVER'S LICENSE NUMBER:** \_\_\_\_\_  
(State) (Number) (Date of Birth)

I have been an Oceanside resident for \_\_\_\_\_ years.

New applicant  Request reappointment

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Please complete the questions below. Attach additional information as necessary to further illustrate your qualifications and interest in the Measure X Citizens' Oversight Committee (COC).

1. Please identify, by checking the appropriate box(es), which category you are applying per City Ordinance 18-OR0605-1.
  - Recommended by the Oceanside Chamber of Commerce or active in Oceanside's business community
  - Recommended by the San Diego County Taxpayers Association
  - Recommended by Public Safety Association(s)
  - Professional in the specific fields of either accounting, finance, engineering, or municipal government
  - Community at large





8. Are you related to any City Council or City of Oceanside staff members? If yes, explain:

\_\_\_\_\_

9. Please list any other pertinent information that you would like the Mayor and City Council to know:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BACKGROUND INVESTIGATION RELEASE**

To Whom It May Concern: I am an applicant for a position with a city advisory commission. I desire and request the City Manager of the City of Oceanside, Chief of Police and/or his/her agents, employee or lawful representative(s) to use the information in this application for the purpose of conducting a background check to verify that I meet the qualifications to serve on an advisory board. By signing this form, I acknowledge and agree that the results of the background check may be shared with appropriate city personnel responsible for making a decision on this application.

I understand this will serve to disclose any record of arrests to which I have been the subject that resulted in conviction.

I agree to hold the City of Oceanside, its officers, agents, or lawfully delegated representatives, harmless from any action(s), or damages whatsoever or at all, which may result from the record's check and/or obtaining access to any other documentation which pertains to meeting the qualifications for an advisory board.

APPLICANT'S INITIALS

DATE

If filing electronically, I affirm that the information I have entered is true and this mark is to be considered my Legal Signature.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Submitted

**Thank you for your willingness to serve your community. The City appreciates your commitment.**

**OFFICIAL USE ONLY**

\_\_\_\_\_ OPD Background Check

Comments \_\_\_\_\_

**City Manager Determination:**

\_\_\_\_\_ Highly Qualified

\_\_\_\_\_ Qualified

\_\_\_\_\_ Not Qualified

**Category:**

\_\_\_\_\_