



CITY OF PASADENA

BIOGRAPHICAL DATA FOR APPOINTMENT TO CITY ADVISORY BODY

The information contained on this form is for the City Council to fill vacancies on the Community Police Oversight Commission. Please answer all questions. You are invited to attach additional pages, a copy of your resume, or submit supplemental information which you feel may assist the City Council in its evaluation of your application.

Biographical forms may be submitted any time during the year; however, they will be purged January 31 of each year. If you have not been appointed to the Community Police Oversight Commission and still desire appointment, please resubmit an updated biographical form or advise in writing that the initial form is still usable.

Commission on which you would you like to serve: Community Police Oversight Commission

Applicant Name: _____ **Date available to start:** _____

Home Address: _____ **Home Phone:** () _____

Employer: _____ **Work Phone:** () _____

Work Address: _____ **E-mail:** _____

Community Service - *List boards, commissions, committees, and organizations on which you are currently serving or have served, offices held and in what city.*

Employment - *Title and duties, current and past.*

Education - *Include professional or vocational licenses or certificates.*

Personal - *Answer "yes" or "no" to the following questions.*

- | | | |
|--|------------|-----------|
| 1. Have you ever worked for the City of Pasadena? (If yes, please list dates/department) | YES | NO |
| 2. Are you related to any employee or appointee of the City of Pasadena? (If yes, please indicate name and relationship.) | YES | NO |

- | | | |
|---|-----|----|
| 3. Are you aware that financial disclosure is required annually? (e.g. sources of income, loans and gifts, investments, interests in real property.) | YES | NO |
| 4. Rules of law and ethics prohibit members from participating in and voting on matters in which they may have a direct or indirect financial interest. Are you aware of any potential conflicts of interest which may develop from your occupation or holdings in relation to your responsibilities as a member of the Community Police Oversight Commission? (If yes, please indicate any potential conflicts): | YES | NO |
| 5. Have there been or are there now, any personal or business circumstances which might reflect adversely on the propriety of your serving as a member of the Community Police Advisory Commission? | YES | NO |
| 6. Are you aware of the time commitment necessary to fulfill the obligations of the Community Police Oversight Commission? | YES | NO |
| 7. Are you applying to serve in one of the community-based organization seats? | YES | NO |

(If Yes, indicate name of organization you represent, your job title, and length of service): _____

IMPORTANT: For individuals responding “YES” to question No. 7 to serve in one of the community-based organization seats, please also complete the supplemental questionnaire.

- | | | |
|---|-----|----|
| 8. Are you presently or have you ever worked as a member of law enforcement? | YES | NO |
| 9. Are you a practicing attorney that handles, or are you a member of any firm or entity that currently handles criminal or civil matters involving the Pasadena Police Department? | YES | NO |

(If yes, please indicate job title and years of service): _____

10. Describe your relevant life experience, professional training, and/or education in the following areas: Police Activity/Law Enforcement/Criminal Justice System; Social Justice; Mental Health; and Anti-Bias Curriculum/Studies and/or Working with Diverse Populations:

11. How would you add value to the Community Police Oversight Commission?

12. What do you see as the objectives and goals of the Community Police Oversight Commission?

CITY OF PASADENA

Commissioner Biographical Form - VOLUNTARY

This biographical form will be filed in the Office of the Mayor & City Council; if you are appointed to a commission, it will assist City Hall in responding to questions regarding your background as a commissioner if requested by the news media or interested citizens. This Biographical Form should be submitted along with your commission application.

If you choose to complete the form, please be sure that the information provided is factual. It will be the basis for information provided over the telephone and at the public counter. The form may be duplicated and given to the news media and it may also be posted on the City's website.

NAME: _____ **DISTRICT:** _____ **YEARS AS PASADENA RESIDENT:** _____

OCCUPATION: _____

EDUCATION & TRAINING: _____

SERVICE RECORD: _____

MEMBERSHIP & OFFICES HELD IN CIVIC, RELIGIOUS, FRATERNAL OR TECHNICAL ASSOCIATIONS: _____

HOBBIES: _____

SIGNATURE: _____

DATE: _____

I hereby certify that the following information is correct to the best of my knowledge.

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When complete, email and send original to:

CPOC@cityofpasadena.net
Attn: Amanda Fowler

