

CITY OF BISHOP
P.O. Box 1236, Bishop, CA 93515
377 West Line Street, Bishop, CA 93514
City Hall (760) 873-5863

PLEASE TYPE OR PRINT

NAME OF COMMISSION: _____

Name: _____
Last
First
Middle

Physical Address: _____
No.
Street
City
State
Zip

Mailing Address: _____ Phone (home) _____
 (If different from physical address listed above)

Business Address: _____

Phone (work): _____ How long have you lived in Bishop? _____

Name and Location of Colleges/Universities Attended	Major	Degree	Last Year Attended

CIVIC EXPERIENCE (prior or current) – Include membership in professional charity or community organizations	Office Held	Dates of Membership

OCCUPATIONAL HISTORY: Begin with your PRESENT or MOST RECENT position. List all positions separately for the last FIVE years.	Title	Dates of Employment

REFERENCES: Include names of at least two residents of Bishop who are not officially connected with the City of Bishop.

NAME	ADDRESS	PHONE

