

# STANISLAUS ANIMAL SERVICES AGENCY

"SERVING YOUR COMMUNITY TOGETHER"

**Annette Patton** 3647 Cornucopia Way  
Executive Director Modesto CA 95358

Phone: 209.558.7387 Fax: 209.558.2138  
www.stancounty.com/animalservices

## INFORMATION FOR APPOINTMENT TO THE OFFICE OF Stanislaus Animal Services Agency Advisory Committee

I, \_\_\_\_\_, hereby make application for consideration by the Board of Stanislaus Animal Services Agency to the above named public office.

Residence Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address \_\_\_\_\_

Identify strengths, background and experience which could contribute to representation of the public sector on policy development. Please list below:

- Employment Experience:
  
- Organization and Community Experience:
  
- Have you ever served on an advisory board/committee? If yes, when and which board/committee?
  
- Education: (High school, college, trade school or training.)  
Note: There is no specific educational requirement.
  
- Do you have any financial or professional interest or association related to this position? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.



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- Have you ever been convicted, served a jail sentence or been placed on probation after committing a felony or misdemeanor?

Note: A “yes” answer will not necessarily exclude applicants from being appointed. Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

Please list three references with telephone numbers:

| <u>Name</u> | <u>Phone</u> |
|-------------|--------------|
| 1. _____    | _____        |
| 2. _____    | _____        |
| 3. _____    | _____        |

### Applicant Certification: PLEASE READ BEFORE SIGNING.

I CERTIFY that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud or omission of material facts may result in denial of appointment.

I hereby authorize representatives of Stanislaus Animal Services Agency (SASA) to contact organizations (including employers and schools) and individuals listed, for the purpose of establishing or verifying my qualifications and work history in connection with this application. I understand and acknowledge that such information will be used confidentially and for the purpose of appointment decisions only.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

This form must be filed with:  
Stanislaus Animal Services Agency  
3647 Cornucopia Way  
Modesto, CA 95358

- ❖ Please note that members are required to file Conflict of Interest (form 700). More information is available, too, at FPPC website: [www.fppc.ca.gov](http://www.fppc.ca.gov)

