

County Executive Office 1195 Third Street, Room 310 Napa, CA 94559-3082 (707) 253-4421 FAX (707) 253-4176

MAY 17 ---

APPLICATION FOR APPOINTMENT TO BOARD, COMMISSION, COMMITTEE OR TASK FORCE

PLEASE TYPE OR PRINT (Complete pages 1 through 3)	
Application for Appointment to: (Name of Board, Commission	n, Committee or Task Force)
NAPA VALLEY HOUSIN COMIT	ION
Category of membership for which you are applying: This information can be found on the news release announcing the opening.	10
ou may apply for more than one category if more than one position is open.)	*Supervisorial District in which you reside:
Farmworker	3
Full Name	Date
SEVERIANO PONCE MEZA	4/25/2007
Current Occupation (within the last twelve (12) months):	
CAMPESINO (FARM WOLLDE)	
	and/or expiration including status:
urrent License (Professional or Occupational); Date of issue a	motor expiration including status.
ducation/Experience: //	
ducation/Experience: (A resume may be attached containing this and any othe	
TERCERO DE PRIMARIA =	- METICO
emmunity participation (nature of activity and community locati	ion):
NINGONO	
ner County Board/Commission/Committee on which you serve	e/have served:
NIDCUNO	
N/XK/WXXXXX	

^{*} Denotes Mandatory Entry Required

Names, addresses and phone numbers of three (3) individ	duals familiar with your backgro	ound:
'Name	*Name	
PLACIDO GARCIA	GIL C. C	DRTIZ
Address	*Address	
	The County of th	
City *State *Zip Code	*City	*State *Zip Code
Telephone	*Telephone	entra)
001		
Name		
JOSE TRINIDAD PONCE MEZA		
Address		
City *State *Zip Code		
elephone		
ame and occupation of spouse within the last 12 months,		st purposes):
JUANA CARAPÍA AMA DE	CASA	
Please explain your reasons for wishing to serve and, in your		
COMO NUNCA HE HECHO DADA		*
TRABADO O DE VIVIENDA YO	PIEDSO QUE	ESTE SERIA
IN BUEN MOMENTO PARA EM	PEZAR, Y PIEN	SO TAMBIEN
JUE PUEDO CONTRIBUIR DAN	•	
POSIBLE YA QUE YO SOY (CAMPESINO IGNA	L QUE ELLOS.
GRACIAS		
SUKIHJ		

Application for Appointment to. (Name of Board, Commission, Committee or Task Force)

APPLICANTS APPOINTED BY THE BOARD OF SUPERVISORS WILL BE REQUIRED TO TAKE AN OATH OF OFFICE.

PLEASE NOTE THAT APPOINTEES MAY BE REQUIRED BY STATE LAW AND COUNTY CONFLICT OF INTEREST CODE TO FILE FINANCIAL DISCLOSURE STATEMENTS.

All applications will be kept on file for one year from the date of application PERSONAL INFORMATION The following information is provided in confidence to the extent that it will not be posted on the Internet, but may be used by the Board of Supervisors when making the appointment, or be used by the committee/commission/board/task force following appointment for purposes of communicating with the appointee.				
			Full Name	*e-mail Address
			SEVERIANO PONCE MEZA	NIDGUNO
*Home Address	*Work Address			
	Marie Carlos Car			
*City State *Zip Code	*City State Zip Code			
*Telephone	Telephone			
Please Read!				