



City of Desert Hot Springs
OFFICE OF THE CITY CLERK



APPLICATION FOR CITY COUNCIL APPOINTMENT

CONTACT INFORMATION

Provide the following information as it appears on your voter registration. Your voter registration status will be confirmed.

Last Name FITZGERALD	Last Name JIM	MI PETER
Street Address 66356 SAN LUIS #4		
City DESERT HOT SPRINGS	State CA	Zip Code 92240
Email Address JPFITZ59@HOTMAIL.COM	Cell Phone 847-567-4193	Home Phone

INTERESTS / SKILLS / ABILITIES

List your skills, abilities, related volunteer community service and relevant interest to the office you are seeking.

35 YEARS OF RETAIL MANAGEMENT EXPERIENCE. MANAGING AS MUCH AS 5 MILLION IN SALES PER MONTH AND OVER 300 EMPLOYEES.

QUESTIONNAIRE

To assess the expectations you have about serving on the City Council, and to understand the expectations other people will have of you as a council member, please respond to each of the following questions. If additional space is needed, please use a separate sheet of paper. If desired, a resume may accompany your application.

1. Why do you want to be appointed to the Desert Hot Springs City Council?

I FELL THIS CITY IS POISED WITH GREAT OPPORTUNITIES. WITH MY EXPERIENCE, I BELIEVE I COULD BE A POSITIVE HELP TO THIS MAYOR/CITY COUNCIL.

2. How will your education, training, experience and history of community involvement make you a suitable candidate to serve as a member of the City Council?

I HAVE A DEGREE IN BUSINESS, A MNOR IN ECONOMICS AND SOCIAL PSYCHOLOGY. OVER THE YEARS I HAVE DIRECTLY AND/OR INDIRECTLY HIRED TRAINED AND SUPERVISED OVER 2,000 EMPLOYEES.

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3. In your opinion, what are the most important issues facing the City of Desert Hot Springs?
ENCOURAGE ENTREPRENEURIAL BUSINESS.

4. What vision do you have for the future of the City of Desert Hot Springs?
HUGE!

5. Use this space to provide any additional information or statements. Your comments will assist the City Council in giving your application the fullest consideration.
IF GIVEN HONOR OF THIS APPOINTMENT, I WILL TAKE IT SERIOUSLY AND WORK ON BEING A POSITIVE ADDITION TO THE COUNCIL!

CERTIFICATION AND AUTHORIZATION

I certify that all statements made in this application are true and complete. In compliance with State law, I understand that I will be required to file a Statement of Economic Interests upon appointment to office, and annually thereafter.

Applicant's Signature

6/9/2019

Date