



\*Applicant withdrew interest on 11/27/2025

## The City of South San Francisco

Office of the City Clerk  
400 Grand Avenue  
South San Francisco, CA 94080  
(650) 877-8518

### BOARDS AND COMMISSIONS APPLICATION

APPLYING FOR (more than one may be selected)	
<input type="checkbox"/>	<b>Bicycle and Pedestrian Advisory Committee*</b> <i>*Must be a resident of or employed in South San Francisco</i>
<input type="checkbox"/>	<b>Conference Center Authority -Business Representative</b> <i>*Must represent a Business in South San Francisco</i> Business Name: _____
<input type="checkbox"/>	<b>Conference Center Authority -Community Representative</b>
<input type="checkbox"/>	<b>Conference Center Authority -Hotel Representative*</b> <i>*Must represent a Hotel in South San Francisco</i> Hotel Name: _____
<input type="checkbox"/>	<b>Cultural Arts Commission</b>
<input checked="" type="checkbox"/>	<b>Equity and Public Safety Commission</b>
<input checked="" type="checkbox"/>	<del><b>Housing Authority *</b></del>
<input type="checkbox"/>	<b>Housing Authority Tenant Commission*</b> <i>*Must be a resident of the Housing Authority</i>
<input checked="" type="checkbox"/>	<del><b>Library Board *</b></del>
<input type="checkbox"/>	<b>Measure W Citizens' Oversight Committee</b>
<input checked="" type="checkbox"/>	<del><b>Parking Place Commission *</b></del>
<input checked="" type="checkbox"/>	<del><b>Parks &amp; Recreation Commission *</b></del>
<input type="checkbox"/>	<b>Planning Commission</b>
<input checked="" type="checkbox"/>	<del><b>Traffic Safety Commission *</b></del>

### APPLICANT INFORMATION

Full Name:

SARCLETTI, John L.  
Last First M.I.

Address:

Street Address

District:

(Select One)

S.S.F.  
City

CA

94083 / 94080

Telephone:

Email:



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### SUPPLEMENTAL QUESTIONNAIRE

Why are you interested in serving as a Boards and Commissions member? What do you feel you could contribute?

Many people like John  
and wish they could  
elect him mayor.

What qualifies you for this appointment?

John SARCIETTI is BORN  
and lived in So. San Francisco  
since 1947. He knew SSF  
when it was segregated &  
has a historical base w/ impeccable  
memory.

What is your vision for growth in South San Francisco?

City Parks and Police  
need improvement and  
motivation and support.



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### SUPPLEMENTAL QUESTIONNAIRE

What community activities are you presently involved in, or have been in the past?

currently a member of Mater  
DeLaRosa Catholic Church.  
Attend dinners and events  
hosted by Knights of Columbus  
Will support Mater DeLaRosa alumni assoc  
forming

Are you currently receiving any form of compensation from the City for work performed? ☐ YES ☒ NO

If yes, please explain: \_\_\_\_\_

Do you have any relatives serving on Council, Boards, Commissions, or Committees or are otherwise employed by the City of South San Francisco? ☐ YES ☒ NO

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Relationship: \_\_\_\_\_

### WORK EXPERIENCE

Employer: retired City: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ City: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### EDUCATION

School: \_\_\_\_\_ City: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Degree: \_\_\_\_\_

School: \_\_\_\_\_ City: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Degree: \_\_\_\_\_

### DISCLAIMER AND SIGNATURE

Signature

[Redacted Signature]

[Redacted Initials]

Date: 10-17-25

I certify that the statements in this application are complete and true. I agree and understand that any mis-statement of material fact will cause me to forfeit all rights to appointment to a Commission, Board, or Committee with the City of South San Francisco.

*Applications are accepted on a continuous basis and will remain valid 1 year from the date of submission. If you are selected to serve on a Board or Commission, you may be required to file an Annual Statement of Economic Interest (FPPC Form 700) and bi-annual Ethics Training (AB1234).*

### OFFICIAL USE ONLY

Submission Date:

Received By: