



**SELF-NOMINATION
SAN JOAQUIN COUNTY DEFERRED COMPENSATION
COMMITTEE PARTICIPANT REPRESENTATIVE**

Participant Name: _____

Daytime Telephone Number: _____

Current/Most Recent Job Classification: _____

Years of County Service: _____

Years of Participation in the Deferred Compensation Plan: _____

STATEMENT OF QUALIFICATIONS

Please provide a description of your qualifications and a brief statement of why you wish to serve on the Deferred Compensation Committee.

Please keep statement at two (2) paragraphs or less.
