
Profile

Tim

First Name

ONeill

Middle Initial

Last Name

Image Masters

Employer

CEO

Job Title

Email AddressPrimary PhoneAlternate Phone

Are you 18 years of age or older? (Required)☒ Yes ☐ No

Question applies to multiple boards

Do you live within the City Limits of Merced? (Required)☒ Yes ☐ NoStreet AddressCitySuite or AptStatePostal Code

Question applies to multiple boards

Are you a registered voter in the City of Merced? (Required)☒ Yes ☐ No

Which Council district do you live in?☒ District 6

No

Are you currently serving on a Board or Commission? If so, please list:

Which Boards would you like to apply for?

Citizens Advisory Charter Review Committee: Submitted

Question applies to multiple boards

Highest Level of Education Completed: *☒ Master's Degree

Communication

The City of Merced uses email as a preferred method of communication regarding your application. Is this acceptable to you?

☒ Yes ☐ No

If you selected no, please identify how you would like to be contacted:

Interests & Experiences

Tell us about yourself, and why you are applying for this particular Board or Commission:

30 year resident of Merced who cares about the community and wants to continue it to be business-friendly.

Please list your current employer and relevant volunteer experience.

Image Masters. See resume.

What is your understanding of the roles and responsibilities of this Board or Commission?

Advise on possible City Charter revisions.

Do you have experience or special knowledge pertaining to this Board or Commission?

See resume

Any other comments you would like to add that may assist the City Council in their decision?

I take my commitments seriously and will do whatever I say that I will do.



[Upload a Resume](#)

Requirements

Statement of Economic Interests - FPPC Form 700

☒ I Agree *

How did you hear about this vacancy? *

☒ Other

Merced Boosters

If you selected other, please indicate how you learned about the vacancy:

Demographics

Ethnicity

☒ Caucasian/Non-Hispanic

Gender

☒ Male

[Redacted]

Date of Birth

Submission

TO

I declare under penalty of disqualification or termination that all statements in this application are true and complete to the best of my knowledge.