



# City of Sacramento Announcement of Available Positions on the

## Transportation Programming Guide Community Advisory Committee

Applications Due: 02/26/10 at 4:30 p.m. (No Exception)

**Postmarks Not Accepted**

# of Position(s)	Category	Category Description
4	A	Representative from city <b>council districts 1, 5, 6 and 8</b>
1	B	Public at-large recommended by the Mayor
1	D	Representing Breathe California of Sacramento-Emigrant Trails

Interested persons must file written notice on the City's official application form (attached) with the Sacramento City Clerk at:

**Office of the City Clerk  
Historic City Hall  
915 I Street, First Floor  
Sacramento, CA 95814**

Additional Requirements:

Compensation	\$25.00 per meeting attended. Not to exceed \$100.00 per month.
City Residency Required	Yes
Other Requirements	No
Conflict of Interest Statement Required	No
<u>Local</u> Ethics Training Certificate Required	Yes – Upon appointment

**IMPORTANT**

Letters of recommendation are optional. If you choose to include a letter it must be submitted as part of this application. Letters will not be accepted after your application is filed with the City Clerk's Office.

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

The City of Sacramento encourages applications from all persons regardless of race, color, religion, sex, age, national origin, ancestry, physical or mental disability, sexual orientation, medical condition, pregnancy-related conditions, or marital status unrelated to job requirements, and does not discriminate in its selection of individuals to serve on boards and commissions. Anyone who believes they have been discriminated against may contact the Equal Opportunity Manager at: Human Resources Department, Equal Opportunity Division, 915 I Street, New City Hall, 4<sup>th</sup> Floor, Sacramento, CA 95814, (916) 808-5270.

***Further information may be obtained by calling the City Clerk's Office at (916) 808-7200.***

# TRANSPORTATION PROGRAMMING GUIDE COMMUNITY ADVISORY COMMITTEE

**CONTACT:** Department of Transportation  
Engineering Services  
Tim Mar tMar@cityofsaramento.org  
Suzan Tobin sTobin@cityofsacramento.org  
915 I Street, 2<sup>nd</sup> Floor - NCH  
Sacramento, CA 95814

Telephone: 808-7531 (Tim) Mail Code: 15000 N & D  
808-7803 (Suzan)  
Fax: 264-8357

**APPOINTMENT:** Eleven (11) members appointed by the Mayor and confirmed by the City Council as follows:

- A. Eight (8) members, one (1) from each council district, recommended by the respective Councilmember
- B. One (1) member recommended by the Mayor
- C. One (1) member representing the Sacramento Area Bicycle Advocates Association
- D. One (1) member representing Breathe California of Sacramento-Emigrant Trails

**TERM:** Three (3) year term. Two term limit applies.

**MEETING INFO:** Time to be Determined. Place: New City Hall, 1<sup>st</sup> Floor, Room CH1217

**COMPENSATION:** \$25.00 per meeting attended, not to exceed \$100.00 per month.

**POWERS & DUTIES:** The powers and duties of this board include:

- 1. Provide for balanced, representative citizen feedback throughout the development of the Transportation Programming Guide.
- 2. Advise City staff during the development of the Transportation Programming Guide regarding: (a) criteria used for ranking projects; and (b) appropriateness of existing and new projects in each program area.



# City of Sacramento

## Application for Appointment to Boards/Commissions and Committees

**INSTRUCTIONS:** Provide **all** information requested; use **blue or black ink**; any attachments must be single sided on 8.5 x 11 paper. If you will be representing an organization, you must include a letter from the organization recommending you as their representative. Note: All information provided on this form is a public record. **Return this completed application form to:** Office of the City Clerk, Historic City Hall, 915 I Street, 1<sup>st</sup> Floor, Sacramento, CA 95814. Tel: (916) 808-7200.

**IMPORTANT:** Letters of recommendation are **optional**. If you choose to include a letter it must be submitted as part of this application. Letters will not be accepted after your application is filed with the City Clerk's Office.

**BOARD / COMMISSION OR COMMITTEE NAME:** \_\_\_\_\_

**CATEGORY FOR WHICH YOU ARE APPLYING:** \_\_\_\_\_

Description

Category Letter

Name of Company/Organization Being Represented (if applicable): \_\_\_\_\_

Company/Organization Authorization Letter Attached (if applicable to qualifications of category)

Applicant Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Street # Street Name City State Zip

Mailing Address (if different than home address): \_\_\_\_\_  
Street # Street Name City State Zip

Resident of City Council District No: \_\_\_\_\_ Community Planning Area No.: \_\_\_\_\_  
Required If applicable

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Please state the reason you would like to be a member of this board/commission (or attach): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently, or have you in the past, served on an advisory group? **Circle:** Yes / No If yes, state the name of the group and how that service supports your application (or attach).

\_\_\_\_\_  
\_\_\_\_\_

Do you, or an immediate family member, have any relationship (professional, financial, other) that may present a potential conflict of interest for this advisory group? **Circle:** Yes / No

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

\_\_\_\_\_

**BACKGROUND INFORMATION**

**You may also attach a resume** reflecting experience, community activities or other qualifications not listed below that would be helpful to the Council in evaluating your application.

**EDUCATION:** \_\_\_\_\_  
\_\_\_\_\_

**WORK EXPERIENCE:** List names, addresses and dates of employment for the last five (5) years. Attach additional sheets of paper if needed.

**CURRENT EMPLOYER:**

FROM: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ EMPLOYER NAME: \_\_\_\_\_

TO: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_  
\_\_\_\_\_

**PRIOR EMPLOYER(S):**

FROM: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ EMPLOYER NAME: \_\_\_\_\_

TO: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_  
\_\_\_\_\_

FROM: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ EMPLOYER NAME: \_\_\_\_\_

TO: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_  
\_\_\_\_\_

FROM: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ EMPLOYER NAME: \_\_\_\_\_

TO: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_  
\_\_\_\_\_

**BUSINESS ENTERPRISES:** List business name including fictitious name and address of any business enterprises currently or previously owned or operated.

FROM: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ BUSINESS NAME: \_\_\_\_\_

TO: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED: \_\_\_\_\_  
\_\_\_\_\_

CITY OF SACRAMENTO -  
APPLICATION FOR APPOINTMENT

\_\_\_\_\_  
APPLICANT NAME

FROM: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ BUSINESS NAME: \_\_\_\_\_

TO: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED: \_\_\_\_\_

**FELONY CONVICTIONS:** A felony conviction is not necessarily a bar to appointment. Each case is considered separately based on requirements of the position. However, failure to list felony convictions may result in disqualification.

Have you ever been convicted of a felony? If yes, please indicate for each conviction, the date of the conviction, the location of the court of conviction, and the exact denomination of the offense resulting in conviction: \_\_\_\_\_

**CIVIL ACTIONS:** List each civil action, if any, in which punitive or exemplary damages have been assessed against you, indicating in each instance the date of the trial, court judgment and the location of the court which rendered the judgment: \_\_\_\_\_

I DECLARE, UNDER PENALTY OF PERJURY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(original signature is required)

**DISCLOSURE AND REGULATORY REQUIREMENTS**

**City Code Section 2.40.060: Conflict of Interest Disclosure** - If a Statement of Economic Interests Form 700 is required for this position (see announcement), the form must be filed with the Office of the City Clerk prior to beginning service. The City Clerk will provide appointees with the filing form and instructions. Official status to serve will be delayed until the form is filed with the Office of the City Clerk.

**City Code Section 2.40.010: Attendance** - Board/commission members are required to attend meetings on a regular basis, and may be removed if a member does not attend three consecutive regularly scheduled meetings. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member? **Circle:** Yes / No

**City Resolution 2007-653: Mandatory Ethics Training** - Board/commission members are required to satisfy the local ethics training requirement mandated by Government Code Sections 53234 et seq. and may be removed if proof of attendance is not filed with the Office of the City Clerk within 60 days of appointment. Appointees will be provided with an on-line training resource. If appointed, will you be able to complete the training within 60 days? **Circle:** Yes / No

**ACCOMMODATION INFORMATION**

PLEASE IDENTIFY ANY SPECIALIZED ACCOMMODATIONS NEEDED FOR EQUAL PARTICIPATION: \_\_\_\_\_



**City of Sacramento**  
**Application to Boards/Commissions and Committees**  
**Applicant Information (confidential data)**  
**For administrative purposes only**

This completed section is confidential and will be detached from your application. The following information is voluntary and is gathered in accordance with State and Federal laws for the purpose of evaluating the effectiveness of our equal opportunity efforts.

Please circle:            Male   /   Female

Mark the applicable box for the racial / ethnic category with which you most closely identify:

- American Indian or Alaskan Native Persons having origins in any of the original peoples of North America and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Asian Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent (this includes, but is not limited to, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).
- Black Persons having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Hispanic or Latino Persons of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin regardless of race. This does not include persons who acquire a Spanish surname.
- White Persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or More races. All persons who identify with more than one of the above six races.
- Other
- Decline to answer