



BAY AREA  
AIR QUALITY  
MANAGEMENT  
DISTRICT

## APPLICATION FOR ADVISORY COUNCIL

**Submit to:**

Bay Area Air Quality Management District  
Attn: Human Resources Office  
375 Beale Street, Suite 600  
San Francisco, CA 94105  
(415) 749-4980

### 1. NAME

First Middle Last

### 2. ADDRESS (If address is temporary, please indicate )

Street City State Zip

### 3. TELEPHONE NUMBER

Home Office Cell

Email Fax

### 4. Please indicate the Advisory Council category (or categories) for which you are applying:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Agriculture          | <input type="checkbox"/> Conservation Organization | <input type="checkbox"/> Park & Recreation          | <input type="checkbox"/> Registered Professional Engineer |
| <input type="checkbox"/> Architect            | <input type="checkbox"/> General Contractor        | <input type="checkbox"/> Public Health Agency       | <input type="checkbox"/> Transportation                   |
| <input type="checkbox"/> College & University | <input type="checkbox"/> Industry                  | <input type="checkbox"/> Public Mass Transportation |   |
| <input type="checkbox"/> Community Planning   | <input type="checkbox"/> Organized Labor           | <input type="checkbox"/> Regional Park District     |   |

### 5. Do you have any commitments which would prevent you from meeting the attendance requirements of the Advisory Council? Please explain:

### 6. EDUCATIONAL BACKGROUND

College, University, Business or Trade Schools Attended	From Mo/Yr – To Mo/Yr	Major	Degrees Received

### 7. REFERENCES

Name	Address	Phone
1.		
2.		
3.		

**8. EMPLOYMENT HISTORY**

FROM: Mo Yr

TO: Mo Yr

Name and Address of Employer:

Title of Position:

Brief Description of Responsibilities:

FROM: Mo Yr

TO: Mo Yr

Name and Address of Employer:

Title of Position:

Brief Description of Responsibilities:

FROM: Mo Yr

TO: Mo Yr

Name and Address of Employer:

Title of Position:

Brief Description of Responsibilities:

FROM: Mo Yr

TO: Mo Yr

Name and Address of Employer:

Title of Position:

Brief Description of Responsibilities:

**9. Please describe any experience or education that directly relates to air quality, and provide any references along those lines.**

**10. Please list professional, trade, or business associations held which relate to the Advisory Council category for which you are applying.**

**11. List relevant accomplishments, publications, or awards.**

**- PLEASE ATTACH RESUME -**

I hereby certify that all statements made in this application are true and complete.

DATE: \_\_\_\_\_ SIGNATURE (In full): \_\_\_\_\_