



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. EDUCATIONAL BACKGROUND

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

5. REFERENCES

Name	Address	Phone
1.		
2.		
3.		

6. 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:

6. EMPLOYMENT HISTORY CONTINUED

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:

7. Please describe any experience or education that directly relates to air quality, climate change, or health impacts of air pollution, and provide any references along those lines.

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

9. List relevant accomplishments, publications, or awards.

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

- PLEASE ATTACH RESUME -

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

DATE: _____ SIGNATURE (*In full*): _____