



BAY AREA
AIR QUALITY
MANAGEMENT
DISTRICT

APPLICATION FOR HEARING BOARD

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 Hearing Board category (or categories) for which you are applying:

- Attorney Member Medical Profession Member
 Engineer Member Public Member

Please indicate if you are applying for the Principal Member position or the Alternate Member position:

- Principal Member Alternate Member

5. Do you have any commitments which would prevent you from meeting the attendance requirements of the Hearing Board? 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. Also describe any experience on Boards.

10. Please list professional, trade, or business associations held which relate to the Hearing Board 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): _____