

County of Santa Clara

Office of the Clerk of the Board of Supervisors
County Government Center, East Wing, 10th Floor
70 West Hedding Street
San Jose, California 95110-1770
Office (408) 299-5001 FAX (408) 938-4525 TDD 993-8272



County of Santa Clara Application to serve on Measure A (2016 Housing Bond), Independent Citizens' Oversight Committee

Please submit your completed application to serve on Measure A (2016 Housing Bond), Independent Citizens' Oversight Committee (hereafter the "Committee") to the Office of the Clerk of the Board of Supervisors, at 70 West Hedding Street, East Wing, 10th Floor, San Jose, CA 95110. If you have any questions, please contact the Records Unit at (408) 299-5001 or via email at RecordsUnit@cob.sccgov.org. This application shall be kept confidential to the extent permitted by law.

Full Name: _____
(Last) (First) (Middle)

Circle one: Mr. Mrs. Ms.

Address: _____
City _____ State _____ Zip Code _____

Telephone: _____
(Work) (Home) (Cell)

Fax: _____ Email: _____

Are you a current resident of Santa Clara County? ___Yes ___No If yes, how long?

In which supervisorial district do you live? _____

Are you currently or have you ever been a county employee? ___Yes ___No
If yes, in which department and time period: _____

Are you currently or have you ever been an appointed member of a Santa Clara County
Board/Commission/ Committee?

___Yes ___No If yes, which one(s) and for what time period(s).

How did you learn about this vacancy? _____

Occupation:

Current employer and dates of employment:

Other employers for the last five years and dates of employment (attach additional pages if necessary):

Education:

The Committee will consist of nine (9) voting members of various experience and background as identified below. Please check the category or categories of Committee membership for which you are applying:

Active or inactive member of the State Bar of California in good standing, or a retired attorney who was an active or inactive member of the State Bar of California in good standing.

Auditor and/or certified public accountant.

Investment professional.

Housing advocate.

Representative of a civic organization.

Are there any special interests or activities that you wish to bring to the attention of the Board of Supervisors?

Please identify any interests that may conflict with your participation should you be appointed to the Committee. For this question please provide information for each interest identified below for the 12 month period prior to the application through the current time. Please identify the time period where the interest existed (e.g. Member of the Board of XYZ Corp. from June 1, 2016 through December 15, 2016). Interests that may conflict include, but are not limited to, the following:

(a) investments, business positions, and sources of income (including gifts, loans, and travel payments) in or from any source that is located in, doing business in, planning to do business in, or has done business within the last two years within, Santa Clara County in any of the following areas: real property acquisition, leasing, disposal, development, or construction, including supplying construction equipment or materials, architecture, design, engineering, land use planning, property management, or environmental impact review.

(b) investments, business positions, and/or sources of income that receive, are planning to apply to receive, or have received in the last two years, grants or other monies related to housing from or through the County;

(c) interests in real property (e.g. direct or indirect ownership, rental) in the County of Santa Clara located entirely or partly within the County, or within two miles of County boundaries or of any land owned or used by any public agency within the County.

Do you have any obligations that might affect your attendance at scheduled meetings? If yes, please explain:

This space is provided for any additional information you may wish to provide about yourself or the position being sought:

I have sufficient time to devote to this responsibility and will attend the required meetings if I am appointed.

Signature: _____

Date: _____

Please list three references and your relationship to each:

1. Name: _____
Address: _____
Telephone: _____
Relationship: _____

2. Name: _____
Address: _____
Telephone: _____
Relationship: _____

3. Name: _____
Address: _____
Telephone: _____
Relationship: _____

We appreciate your interest in the County of Santa Clara County. Your application will be forwarded the Board of Supervisors for consideration. Please make a copy of your application for your files before you send it to the Clerk of Board's Office.

Application expires 2 years from date submitted.