

KING COUNTY BOARDS & COMMISSIONS

(A résumé may be submitted in lieu of submitting a completed application form)

PLEASE NOTE: Information provided on this form will be a public record subject to free and open examination by any person under the Washington State Public Records Act (RCW 42.56.250). However, while we will disclose the applicant's name, the applicant's address, phone number and email address will be redacted.

Thank you for your interest in serving on a King County board or commission. Individuals interested in serving on a King County board or commission will be required to also complete a King County Ethics Program Financial Disclosure Form within two weeks of being nominated to serve on a King County board or commission. Individuals appointed to serve on a board or commission that is overseen by an agency independent of King County government are exempt from the financial disclosure filing requirement.

APPLICATION FORM

Applying for appointment to serve on:

KING COUNTY PLUMBING BOARD OF APPEALS

What position on the King County Plumbing Board of Appeals are you applying for?

Name:						
Preferred Phone Contact Number:		Preferred Phone Type (Please circle one):				
		Home	Work	Cell		
Personal Email Address:						
Preferred Mailing Address:						
Street:						
City:	WA	Zip				
Physical Home Address (if different):						
Street:						
City:	WA	Zip				
Current Employer:						
Job Title:						
Date of Employment						

Company Nam	ne:							
Street:								
City:					WA		Zip	
King County C	Council	l Distri	ict (Che	ck one)				
1 2 3	3	4	5	6	7	8	9	Don't Know
Education (Hig	gh Sch	ool, Co	ollege/U	niversi	ty:			
School Name								Year Graduated/Degree
School Name								Year Graduated/Degree
Professional lie	censes	held (I	f applic	cable to	specifi	c board	d/comn	nission):
Membership on any State, City and/or County boards, commissions, or committees: Please explain why you feel you are the most qualified candidate for this appointment (attach additional paper if needed):								
How did you le				nity?				

all King County residents to ensure that King	NAL): ty Executive are committed to inclusiveness and outreach to County boards and commissions are reflective of the in the section below is voluntary but will assist in achieving				
Race/Ethnicity: American Indian/Alaska Native	Native Hawaiian or other Pacific Islander				
Asian	White/Caucasian				
African American/Black	Two or more races				
Hispanic/Latino					
Gender: Male Female Transgender Do you have a disability as defined by the A Yes No	Orientation LGBTQ Yes Americans with Disabilities Act?				
Generation: 30 or younger 31-41 42-52	53-63 64-74 75 or older				
*To the best of my knowledge the information provided	on this application form is true and correct.				
Signature	Date				

Please return your completed form to: Steve Nastruz, Senior Plumbing Inspector 401 Fifth Ave, Suite 1100 Seattle, WA 98104-1818 Email: Steve.Nastruz@kingcounty.gov

This material is available in alternate formats for persons with disabilities. Please contact 206-263-9651, TTY Relay: 711, or E-mail Rick.Ybarra@kingcounty.gov

Please print your completed form and either send it to the address above or scan your completed application and then send it to us via email as a PDF attachment.