

King County Transit Advisory Commission Application Form



A resume may be submitted in lieu of submitting a completed application form.

1. If you are not appointed to the King County Transit Advisory Commission, are you interested in serving on a different King County board or commission? If so, which one(s)?

- | | |
|---|--|
| <input type="checkbox"/> Advisory Council on Aging & Disability Services | <input type="checkbox"/> Mental Health Advisory Board |
| <input type="checkbox"/> Agriculture Commission | <input type="checkbox"/> Mental Illness & Drug Dependency Oversight Committee |
| <input type="checkbox"/> Alcoholism & Substance Abuse Administrative Board | <input type="checkbox"/> Museum of Flight Authority Board of Directors |
| <input type="checkbox"/> Board for Developmental Disabilities | <input type="checkbox"/> Noxious Weed Control Board |
| <input type="checkbox"/> Board of Appeals & Equalization | <input type="checkbox"/> OLEO Citizen Committee on Independent Oversight |
| <input type="checkbox"/> Board of Ethics | <input type="checkbox"/> Parks Levy citizens Oversight Board |
| <input type="checkbox"/> Board of Health | <input type="checkbox"/> Patterson Creek Basin Citizen's Advisory Committee |
| <input type="checkbox"/> Civic Television Citizens Advisory Committee | <input type="checkbox"/> Personnel Board |
| <input type="checkbox"/> Civil Rights Commission | <input type="checkbox"/> Regional Communications Board |
| <input type="checkbox"/> Civil Service Commission | <input type="checkbox"/> Regional Human Services Levy Oversight Board |
| <input type="checkbox"/> Conservation Futures Citizen Oversight Committee | <input type="checkbox"/> Rural Forest Commission |
| <input type="checkbox"/> Cultural Development Authority (4Culture) | <input type="checkbox"/> Seattle/King County Taxicab Advisory Commission |
| <input type="checkbox"/> Deferred Compensation Board (Employees Only) | <input type="checkbox"/> Seattle Transitional Grant Area HIV Planning Council |
| <input type="checkbox"/> EEO/AA Advisory Committee (Employees Only) | <input type="checkbox"/> Solid Waste Advisory Committee |
| <input type="checkbox"/> Emergency Management Advisory Committee | <input type="checkbox"/> Surface Water Management Advisory Committee |
| <input type="checkbox"/> Employee Giving Program Committee (Employees Only) | <input type="checkbox"/> Transportation Concurrency Expert Review Panel |
| <input type="checkbox"/> Ferry Advisory Committee-Fauntleroy | <input type="checkbox"/> Vashon/Maury Island Groundwater Protection Committee |
| <input type="checkbox"/> Ferry Advisory Committee-Seattle | <input type="checkbox"/> Veterans Advisory Board |
| <input type="checkbox"/> Fire Code Advisory & Appeals Board | <input type="checkbox"/> Veterans Citizen Levy Oversight Board |
| <input type="checkbox"/> Harborview Medical Center Board of Trustees | <input type="checkbox"/> Washington State Boundary Review Board for King County |
| <input type="checkbox"/> Investment Pool Advisory Committee | <input type="checkbox"/> Washington State Convention Center Public Facilities District |
| <input type="checkbox"/> King County Housing Authority Board of Commissioners | <input type="checkbox"/> Washington State Major League Baseball Stadium Public Facilities District |
| <input type="checkbox"/> King County International Airport Roundtable | <input type="checkbox"/> Women's Advisory Board |
| <input type="checkbox"/> King County Library System Board of Trustees | |
| <input type="checkbox"/> Landmarks Commission | |

2. Please provide the following information:

Your name: _____

Your preferred mailing address: _____

Mailing address, line 2: _____

City: _____ State: _____ ZIP: _____

3. What is your physical home address (if different from mailing address provided on page 1)?

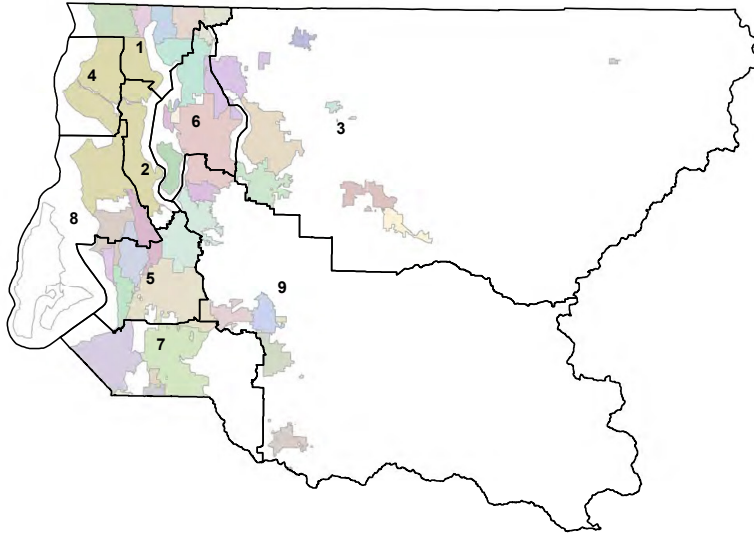
Address: _____

Address 2: _____

City: _____ State: _____ ZIP: _____

4. In what King County Council District do you live?

- District 1
- District 2
- District 3
- District 4
- District 5
- District 6
- District 7
- District 8
- District 9
- Don't know



5. Please enter your preferred phone contact number, including area code: _____

6. What type is the phone number you entered above?

- Home
- Work
- Mobile
- Other (please specify) _____

7. Please enter your personal email address: _____

8. Are you currently employed?

- Yes
- No

9. What is your current job title? _____

10. Please enter the start date of your current employment: _____

11. Please provide the following information about your current employer:

Company: _____

Company's address: _____

Company's address line 2: _____

City: _____ State: _____ ZIP: _____

12. Please describe your education (high school, college/university).

School name: _____

Year graduated or degree received: _____

School name: _____

Year graduated or degree received: _____

School name: _____

Year graduated or degree received: _____

13. What is your skill level with the following programs? (Not required for membership)

	Never used	Beginner	Intermediate	Advanced
Microsoft Outlook (email)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adobe Reader or Acrobat (pdf files)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Professional licenses held (if applicable to this board/commission): _____

15. Have you been, or are you currently, a member of any city and/or county boards, commissions, or committees? If yes, please list them and the dates of your term(s). _____

16. How did you learn about this opportunity? _____

17. What bus route(s) do you ride? _____

18. Describe issues you believe this commission should address. _____

19. List organizations you belong to or have belonged to and any leadership positions you have held in them:

20. Describe why you want to be a member of the King County Transit Advisory Commission.

21. Please explain why you feel you are the most qualified candidate for this appointment.

22. Please list the experience and accomplishments, either paid or volunteer, that you would bring to this commission.

23. What is your race/ethnicity? _____

24. What is your gender? _____

25. What is your sexual orientation? _____

26. Do you have a disability as defined by the Americans with Disabilities Act?

Yes

No

27. What is your age?

30 or younger

53–63

31–41

64–74

42–52

75 or older

28. Person to notify in case of emergency (optional)

Name: _____

Home phone: _____ Work phone: _____ Cell phone: _____

29. Agreement and signature

By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge.

Name (printed): _____

Signature: _____ Date: _____

List three references, including names, addresses and telephone numbers.

30. Reference 1

Name: _____
Company: _____
Address: _____
Address 2: _____
City: _____ State: _____ ZIP: _____
Email Address: _____ Phone Number: _____

31. Reference 2

Name: _____
Company: _____
Address: _____
Address 2: _____
City: _____ State: _____ ZIP: _____
Email Address: _____ Phone Number: _____

32. Reference 3

Name: _____
Company: _____
Address: _____
Address 2: _____
City: _____ State: _____ ZIP: _____
Email Address: _____ Phone Number: _____

Please return your application via email, fax, or mail to:

DeAnna Martin, Community Engagement Manager

deanna.martin@kingcounty.gov

Fax: 206-263-3489

King County Metro

201 S Jackson Street, KSC-TR-0415

Seattle, WA 98104-3856

Thank you

