EL DORADO COUNTY

APPLICATION FOR APPOINTMENT TO COUNTY COMMISSIONS, COMMITTEES OR ADVISORY BOARDS

This form is used for consideration of appointments made by the County Board of Supervisors. Please complete front and back of this form and attach a resume if available. Return completed form to the Clerk of the Board of Supervisors, County Government Center, 330 Fair Lane, Placerville, CA 95867.

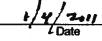
Application	on by: <u>Tom Hallen</u>	dorf			
Resident	of Supervisorial Dis	trict: 4		·-	
	ounty board, commi r. Indicate dates of		nmittees of whic	sh you are	now or have
None		*****	N		
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9					
Special kn Pilot 28 ye and endon	of qualifications nowledge do you bri ars, Commercial lice sed. I own a hange live across the stree	ng to your are ense, Instrum r at the Georg	a of interest?) ent rating, Aerol etown Airport, I	patic and A	ir Race qu
I am very o airport. I w have exten my own de	ave across the street concerned about the vant to preserve and sive construction ex- sign and development into this commissio	current statu i increase the operience that ent company i	s and operation efficiency and u could be benef	, and the fi Itility of this icial, I own	s facility. I a



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Appointees to Boards, Commissions or Committees are not considered to be County employees for purposes of benefits, such as Workers Compensation, health insurance, etc.















APPLICATION FOR COUNTY OF EL DORADO BOARD, COMMISSION, OR COMMITTEE

Return to: Clerk of the Board of Supervisors
County Government Center
330 Fair Lane, Placerville, CA 95667
e-mail: edc.cob@edcgov.us

DATE RECEIVED

Copy to Supervisor - District

INSTRUCTIONS: Please complete each item below. Be sure to enter the title of the Board, Commission, or Committee (only one per application please) for which you desire consideration. For more complete information or assistance contact the Clerk of the Board of Supervisors' Office. This application shall be maintained for a period of one year only. After one year it is necessary to file a new application for another year of eligibility. Please print in lock or time.

period of one year only. After one year it is necessary to file a new application	for another year of eligibility. Please print in ink or type.
1. Board/Commission Applying for:	2. Today's Date:
GEORGETOWN AERPORT	Jan 10,2011
3. Name:	4. E-Mail Address:
TODU JON (RTCK) R	FIREFOUTS TO SEE GLOBAL ME
Last First Middle	
5. Address:	6. Telephone:
(KO 160% 0106)	\$250 dod 51822
Number Street	Home
Occursion Ne 17004	
7. Occupation/Title:	Business
Commercial Prior	Employer: COUNTAIN AUTAFEW
8. List all County board, commissions or committees of which you are now GEALSTOWN ADVISORY COMMITTE	or have been a member. Indicate dates of service.
9. Summary of qualifications related to group(s) listed above. (What experinterest?) PROFESSIONE PLOT ATP MCLICAL CHIEF, CONNENTY SAWE AS USE AS	ience or special knowledge do you bring to your area of LASTANMONT RETERMS FIRE
10. Affiliations with professional and/or community groups: ELL, ADPL, QB, AIR FIREFILARIS	ASSOCIATION
11. Why do you seek appointment?	
To PARTICIPATE IN THE PROCESS 12. Additional Information: Give any information explaining your qualification community organization memberships, or personal interests that bear of Committee. Attach additional sheets as necessary.	ons, experience, training, education, volunteer activities,
13. Indicate Supervisor who will receive a copy of this application:	Boxes
Appointees to Boards, Commissions or Committees are not considered to be	County employees for purposes of benefits, such as
Workers Compensation, health insurance, etc.	
JN July	GH HERE [/II/I)
Signature of Applicant	Date

REVISED 1/6/2011 11:55 AM

You can save this completed application and attached to an email and send to edc.cob@edcgov.us

Clear Form Spell Check Save Print 11-0418.A.3

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Application by:	GAR	4 YORDER	BEUBBEN	
Resident of Supe	rvisorial Dist	trict:		
List all County bo a member. Indica	ard, commis	ssions or committees service.	of which you are n	ow or have bee
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A		171		
·	lifications re	elated to group(s) lising to your area of inter	ted above. (Wha est?)	it experience of
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Next Page 11-0418 A.4

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Why do you seek a	ppointment?
ADVOCATE	FUR GEORGETOWN AIRPORT
Applicant's Name: Address: Mailing Address: Phone:	GARY VORDERORNOSEN CARSON VINDY
Occupation & Title: Employer:	SACRAMENTO UTILITY DISTRICT
Other Remarks:	
Nove	

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/-/2-// Date







