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

Signature of Applicant

REVISED 1/6/2011 11:55 AM

DATE RECEIVED

☐ Copy to Supervisor - District ___

desire consideration. For more co	mplete information or assistar	nce contact the Clerk of th	ommission, or Committee (only one per application please) for which you e Board of Supervisors' Office. This application shall be maintained for a in for another year of eligibility. Please print in ink or type.
Board/Commission Applying for:			2. Today's Date:
Building Appeals Board Member			12/11/2015
3. Name:			4. E-Mail Address:
Rahrick	James	Rueben	n
Last	First	Middle	
5. Address:			6. Telephone:
Number Street			
Placerville, CA		95667	
City		Zip Code	Business
7. Occupation/Title:			Employer:
Senior Plan Review Engine	eer		Interwest Consulting Group
8. List all County board, commissions or committees of which you are now or have been a member. Indicate dates of service.			
None			
			5
	ns related to group(s) lis	ted above. (What ex	perience or special knowledge do you bring to your area of
interest?)			
None			
10. Affiliations with professi	ional and/or community	groups:	
1.) International Code Cou Metro Fire Urban Search &			tion of Building Officials (SVABO), 3.) Sacramento tructural Specialist.
11. Why do you seek appointment?			
	perience in numerous	engineering and co	orado County Building Appeals Board and felt with my onstruction disciplines and code compliance plan
community organization		nal interests that be	ations, experience, training, education, volunteer activities, ar on your application for above Board, Commission, or
	the State of Utah (#3	55766), 1975 BS/A	(#C35321) and Colorado (#34375) and Professional E California Polytechnic State University, SLO
13. Indicate Supervisor who Tom Burnett, Duty Director		is application:	
Appointees to Boards, Commissions or Committees are not considered to be County employees for purposes of benefits, such as			
Workers Compensation, health insurance, etc.			
CI DDD CHANGE INTEREST			

Clear Form

Spell Check

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

Save

Print

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