## **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	
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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 ink or type.

Board/Commission Applying for:	2. Today's Date:				
Building Industry Advisory Committee	9/18/18				
3. Name:	4. E-Mail Address:				
Short Jeff					
last Sinst	Nr:Jila				
Last First  5. Address:	Middle 6. Telephone:				
5. Address.	o. retephone.				
Number Street Roseville 956	Home C1				
noseville 950					
City Zip Co	ode Business				
7. Occupation/Title:	Employer:				
Legislative Advocate	North State Building Industry Association				
Q List all County board sometimes or committees of	which you are now or have been a more her. Indicate dates of somilies				
8. List all County board, commissions or committees of	which you are now or have been a member. Indicate dates of service.				
1	bove. (What experience or special knowledge do you bring to your area of				
interest?)	DIA in El Darada Caunty				
I am the principal government affairs contact for the E	SIA IN EL DORAGO County				
10. Affiliations with professional and/or community groups:					
North State BIA					
11 14/hdo					
11. Why do you seek appointment? To provide industry perspective and insight					
to provide industry perspective and insignt					
12. Additional Life continue Circa and information and in	the control of the state of the				
12. Additional Information: Give any information explaining your qualifications, experience, training, education, volunteer activities,					
community organization memberships, or personal interests that bear on your application for above Board, Commission, or					
Committee. Attach additional sheets as necessary.					
12 Indicate Supervisor who will receive a copy of this application:					
13. Indicate Supervisor who will receive a copy of this ap	plication:				
Appointees to Boards, Commissions or Committees are not considered to be County employees for purposes of benefits, such as					
Workers Compensation, health insurance, etc.					
	SIGN HERE 9/18/18				
Signature of Applicant Date					
NEWSCO 1/2/2011 11:55 AM You can save this	completed application and attached to an email and send to edc.cob@edcgov.				
REVISED 1/6/2011 11:55 AM You can save this	somprotes approacion and accords to an ornari and sond to edo.cob@edugov.				

Spell Check Clear Form