



# City of SeaTac Citizen Advisory Committee Application for Appointment

*Applications are retained in the City Clerk's Office for one year from the date they are received.*

I wish to be considered for appointment to the following committee:

- Human Services Advisory Committee       Senior Citizen Advisory Committee (ages 55 and over)
- Library Advisory Committee                       Neighborhood Sidewalk Advisory Committee
- Planning Commission                                   SeaTac Airport Committee
- Tree Board     Other: \_\_\_\_\_

*If interested in more than one committee, please indicate your order of preference by numbering (i.e. 1, 2, 3).*

**How did you learn of this vacancy?**

- City Website     Weekly Update     City Staff or Councilmember     Other \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you a SeaTac resident? Yes\_\_ No\_\_      If student, please state grade: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date available for appointment to a committee: \_\_\_\_\_

Can you attend: Evening meetings? Yes\_\_ No\_\_    Daytime meetings? Yes\_\_ No\_\_

Approximately how many hours each month can you devote to City business? \_\_\_\_\_

*Attach an additional page, if needed for any of the following information:*

Have you previously served or are you currently on one of the committees listed above? Yes\_\_ No\_\_

If yes, please explain: \_\_\_\_\_

Professional and/or Community Activities: \_\_\_\_\_

Please share your experiences/qualifications that relate to this committee and why you would like to be involved: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**SeaTac Airport Committee, Human Services Advisory Committee, Library Advisory Committee, Planning Commission, or Neighborhood Sidewalk Advisory Committee Applicants:**

Do you own or operate a business entity located within the City of SeaTac? Yes \_\_\_ No \_\_\_

Are you employed by a business entity located within the City of SeaTac? Yes \_\_\_ No \_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

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**Senior Citizen Advisory Committee Applicants:**

Are you at least fifty-five (55) years of age? Yes \_\_\_ No \_\_\_

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Please list the days/evenings/times that would be most convenient for you to come to City Hall for an interview:

\_\_\_\_\_

If recommended, by whom: \_\_\_\_\_

Please return this form to:

City of SeaTac  
City Clerk's Office  
4800 South 188<sup>th</sup> Street  
SeaTac, WA 98188-8605  
206.973.4660

**\*Be advised, if you are selected for a committee you will be subject to a background investigation.**

**Citizen Advisory Committee Applications are subject to public disclosure laws of the State of Washington (RCW.42.56), and if requested will be provided in its entirety.**

I hereby certify that this application contains no willful misrepresentations and that the information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The City of SeaTac is an Equal Opportunity Employer

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***For office use only:***

Date Interviewed: \_\_\_\_\_ Committee: \_\_\_\_\_

Date Appointed: \_\_\_\_\_

Date Interviewed: \_\_\_\_\_ Committee: \_\_\_\_\_

Date Appointed: \_\_\_\_\_

Date Interviewed: \_\_\_\_\_ Committee: \_\_\_\_\_

Date Appointed: \_\_\_\_\_

Background Check: \_\_\_\_\_ Passed \_\_\_\_\_ Failed Date Passed/Failed: \_\_\_\_\_



# AUTHORIZATION FOR BACKGROUND AND REFERENCE CHECKS

With the applicant's authorization, the City conducts background and reference checks as follows:

- All finalists being considered for appointment for hiring or volunteer opportunities will have their criminal records checked;
- All finalist applicants being considered for hire will have employment references checked;
- All finalist applicants being considered for hire will have educational histories checked;
- All finalist applicants whose employment or volunteer positions with the City would require them to drive City vehicles as part of their assigned duties will be required to submit their driving records to the City for review and consideration; and/or
- Any finalist applicants whose employment or volunteer positions with the City require them to handle the City's cash, investments or other monetary assets will be required to submit to a credit history check.

Signed Authorization for Background and Reference Checks forms for applicants not appointed for employment or volunteer opportunities for which they applied are shredded by the City on an annual basis. The City makes every effort to ensure the confidentiality of each applicant's personal identification information.

## PLEASE PROVIDE THE FOLLOWING INFORMATION

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden/Other Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  M  F Telephone#: \_\_\_\_\_

Race:  Asian/Pacific Islander  Black  Hispanic  American Indian/Alaska Native  White  
Please check only one box, if two or more races check the box that most applies to you.

Address: \_\_\_\_\_  
City: State Zip Code:

Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Required.

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Have you lived in any other State(s) other than Washington in the last ten (10) years?  Yes  No

If YES, please note the State(s), County(ies) and dates of residence: \_\_\_\_\_  
State(s) County(ies)

Date(s): \_\_\_\_\_

Position Applied For: \_\_\_\_\_

I, \_\_\_\_\_ (please print), hereby authorize the City of SeaTac or an independent investigating agency appointed by the City to conduct a thorough investigation of my background including my criminal records, driving records (as applicable), credit history (as applicable), educational history (as applicable) and employment references (as applicable). I also hereby release any current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are voluntary acts. This authorization shall be effective for employment and/or volunteer opportunities with the City of SeaTac only.

It is my intention that any copy of this authorization be as effective as is the original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_