



City of Sacramento Announcement of Available Positions on the

Sacramento Disabilities Advisory Commission

Applications Due: 04/09/10 at 5:00 p.m. (No Exception)

Postmarks Not Accepted

# of Position(s)	Category	Category Description
3	-	Member shall be representative of different disability groups including, but not limited to, physical, sensory, developmental and mental disabilities. Applicants shall have experience with disability issues, knowledge or experience with disability law, such as ADA, or Title 24 of the California Code of Regulations.

Interested persons must file written notice on the City's official application form (attached) with the Sacramento City Clerk at:

**Office of the City Clerk
Historic City Hall
915 I Street, First Floor
Sacramento, CA 95814**

Additional Requirements:

Compensation	\$50.00 per meeting attended. Not to exceed \$100.00 per month.
City Residency Required	Yes
Other Requirements	No
Conflict of Interest Statement Required	Yes – Upon appointment
<u>Local</u> Ethics Training Certificate Required	Yes – Upon appointment

IMPORTANT

Letters of recommendation are optional. If you choose to include a letter it must be submitted as part of this application. Letters will not be accepted after your application is filed with the City Clerk's Office.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

The City of Sacramento encourages applications from all persons regardless of race, color, religion, sex, age, national origin, ancestry, physical or mental disability, sexual orientation, medical condition, pregnancy-related conditions, or marital status unrelated to job requirements, and does not discriminate in its selection of individuals to serve on boards and commissions. Anyone who believes they have been discriminated against may contact the Equal Opportunity Manager at: Human Resources Department, Equal Opportunity Division, 915 I Street, New City Hall, 4th Floor, Sacramento, CA 95814, (916) 808-5270.

Further information may be obtained by calling the City Clerk's Office at (916) 808-7200.

SACRAMENTO DISABILITIES ADVISORY COMMISSION

CONTACT: Human Resources Department
Ken Fleming, EEO Manager
Obi Agha, Program Specialist
915 I Street, 4th Floor - NCH
Sacramento, CA 95814

kfleming@cityofsacramento.org
oagha@cityofsacramento.org

Telephone: 808-5825 (Ken) Mail Code: 09810
808-8426 (Obi) Mail Code: 09810
Fax: 808-7673

APPOINTMENT: Nine (9) members appointed by the Mayor and confirmed by the City Council as follows:

Residents of the City of Sacramento who shall be representative of different disability groups including, but not limited to, physical, sensory, developmental and mental disabilities. Appointees shall have experience with disability issues, knowledge or experience with disability law, such as ADA, or Title 24 of the California Code of Regulations.

TERM: Three (3) year term. Two term limit applies. A member appointed to complete an unexpired term shall be eligible to serve up to two consecutive terms in addition to the unexpired term.

MEETING INFO: Twice monthly on the 1st Monday and 3rd Thursday at 6:00 p.m., unless otherwise noticed, at New City Hall, 1st Floor Conference Room 1104, 915 I Street.

COMPENSATION: \$50.00 per meeting attended, not to exceed \$100.00 per month.

POWERS & DUTIES: The powers and duties of this board include:

1. Serve as an advisory body to the City regarding compliance with federal and state disability laws. The Commission shall not advise the City concerning litigation or administrative proceedings to which the City is a party;
2. Review policies, programs and activities within the City as they affect persons with disabilities;
3. Recommend procedures for City employees with disabilities to request and receive reasonable accommodations;
4. Provide information, referral, and technical assistance to the City in matters pertaining to disability issues;
5. Establish a liaison with the City's ADA Coordinators to assist with policies, procedures and programs as they relate to federal and state disability laws.



City of Sacramento

Application for Appointment to Boards/Commissions and Committees

INSTRUCTIONS: Provide **all** information requested; use **blue or black ink**; any attachments must be single sided on 8.5 x 11 paper. If you will be representing an organization, you must include a letter from the organization recommending you as their representative. Note: All information provided on this form is a public record. **Return this completed application form to:** Office of the City Clerk, Historic City Hall, 915 I Street, 1st Floor, Sacramento, CA 95814. Tel: (916) 808-7200.

IMPORTANT: Letters of recommendation are **optional**. If you choose to include a letter it must be submitted as part of this application. Letters will not be accepted after your application is filed with the City Clerk's Office.

BOARD / COMMISSION OR COMMITTEE NAME: _____

CATEGORY FOR WHICH YOU ARE APPLYING: _____

Description

Category Letter

Name of Company/Organization Being Represented (if applicable): _____

Company/Organization Authorization Letter Attached (if applicable to qualifications of category)

Applicant Name: _____ E-Mail: _____
Last First Middle

Home Address: _____
Street # Street Name City State Zip

Mailing Address (if different than home address): _____
Street # Street Name City State Zip

Resident of City Council District No: _____ Community Planning Area No.: _____
Required If applicable

Home Telephone: _____ Business Telephone: _____

Please state the reason you would like to be a member of this board/commission (or attach): _____

Are you currently, or have you in the past, served on an advisory group? **Circle:** Yes / No If yes, state the name of the group and how that service supports your application (or attach).

Do you, or an immediate family member, have any relationship (professional, financial, other) that may present a potential conflict of interest for this advisory group? **Circle:** Yes / No

If yes, please explain: _____

BACKGROUND INFORMATION

You may also attach a resume reflecting experience, community activities or other qualifications not listed below that would be helpful to the Council in evaluating your application.

EDUCATION: _____

WORK EXPERIENCE: List names, addresses and dates of employment for the last five (5) years. Attach additional sheets of paper if needed.

CURRENT EMPLOYER:

FROM: MO ____ DAY ____ YR ____ EMPLOYER NAME: _____

TO: MO ____ DAY ____ YR ____ ADDRESS: _____
Street # Street Name City State

DUTIES: _____

PRIOR EMPLOYER(S):

FROM: MO ____ DAY ____ YR ____ EMPLOYER NAME: _____

TO: MO ____ DAY ____ YR ____ ADDRESS: _____
Street # Street Name City State

DUTIES: _____

FROM: MO ____ DAY ____ YR ____ EMPLOYER NAME: _____

TO: MO ____ DAY ____ YR ____ ADDRESS: _____
Street # Street Name City State

DUTIES: _____

FROM: MO ____ DAY ____ YR ____ EMPLOYER NAME: _____

TO: MO ____ DAY ____ YR ____ ADDRESS: _____
Street # Street Name City State

DUTIES: _____

BUSINESS ENTERPRISES: List business name including fictitious name and address of any business enterprises currently or previously owned or operated.

FROM: MO ____ DAY ____ YR ____ BUSINESS NAME: _____

TO: MO ____ DAY ____ YR ____ ADDRESS: _____
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED: _____

**CITY OF SACRAMENTO -
APPLICATION FOR APPOINTMENT**

APPLICANT NAME

FROM: MO ____ DAY ____ YR ____ BUSINESS NAME: _____

TO: MO ____ DAY ____ YR ____ ADDRESS: _____
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED: _____

FELONY CONVICTIONS: A felony conviction is not necessarily a bar to appointment. Each case is considered separately based on requirements of the position. However, failure to list felony convictions may result in disqualification.

Have you ever been convicted of a felony? If yes, please indicate for each conviction, the date of the conviction, the location of the court of conviction, and the exact denomination of the offense resulting in conviction: _____

CIVIL ACTIONS: List each civil action, if any, in which punitive or exemplary damages have been assessed against you, indicating in each instance the date of the trial, court judgment and the location of the court which rendered the judgment: _____

I DECLARE, UNDER PENALTY OF PERJURY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

Signature: _____ Date: _____
(original signature is required)

DISCLOSURE AND REGULATORY REQUIREMENTS

City Code Section 2.40.060: Conflict of Interest Disclosure - If a Statement of Economic Interests Form 700 is required for this position (see announcement), the form must be filed with the Office of the City Clerk prior to beginning service. The City Clerk will provide appointees with the filing form and instructions. Official status to serve will be delayed until the form is filed with the Office of the City Clerk.

City Code Section 2.40.010: Attendance - Board/commission members are required to attend meetings on a regular basis, and may be removed if a member does not attend three consecutive regularly scheduled meetings. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member? **Circle:** Yes / No

City Resolution 2007-653: Mandatory Ethics Training - Board/commission members are required to satisfy the local ethics training requirement mandated by Government Code Sections 53234 et seq. and may be removed if proof of attendance is not filed with the Office of the City Clerk within 60 days of appointment. Appointees will be provided with an on-line training resource. If appointed, will you be able to complete the training within 60 days? **Circle:** Yes / No

ACCOMMODATION INFORMATION

PLEASE IDENTIFY ANY SPECIALIZED ACCOMMODATIONS NEEDED FOR EQUAL PARTICIPATION: _____



City of Sacramento
Application to Boards/Commissions and Committees
Applicant Information (confidential data**)**
For administrative purposes only

This completed section is confidential and will be detached from your application. The following information is voluntary and is gathered in accordance with State and Federal laws for the purpose of evaluating the effectiveness of our equal opportunity efforts.

Please circle: Male / Female

Mark the applicable box for the racial / ethnic category with which you most closely identify:

- American Indian or Alaskan Native Persons having origins in any of the original peoples of North America and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Asian Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent (this includes, but is not limited to, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).
- Black Persons having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Hispanic or Latino Persons of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin regardless of race. This does not include persons who acquire a Spanish surname.
- White Persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or More races. All persons who identify with more than one of the above six races.
- Other
- Decline to answer