Thank you for your interest in serving on the Citizen Transportation Advisory Board.

The TBD Citizens' Transportation Advisory Board (CTAB), when filled, will consist of seven members, who are City residents, appointed by the TBD Governing board. One member shall be a resident from each city council district; one member shall be a member from each of the following: the Plan Commission Transportation Subcommittee (PCTS), the Pedestrian, Traffic & Transportation committee (PeTT) of the Community Assembly, and the Bicycle Advisory Board (BAB); and a seventh member shall be appointed at large.

The TBD Governing Board encourages residents with a background in engineering, construction, public works or a background of a similar nature as well as those who commute using alternative transportation, or public works activities of the community to apply for either a council district representative or member at large position.

Positions are open until filled. **Citizens with disabilities are encouraged to apply**. Please print, complete and return the CTAB application and supplemental questions to the City Council Office. Should you have any questions regarding this application please feel free to contact the City Council Office at (509) 625-6255. Hard-copies of the application are available in the City Council Office at 808 W. Spokane Falls Blvd., 7th floor.



Office of the City Council

7th Floor, City Hall, 808 W. Spokane Falls Blvd. Spokane, WA 99201-3315, Phone: (509) 625-6255

Application for Citizen's Transportation Advisory Board

The information you provide on this questionnaire will be used by the TBD Governing Board in considering your appointment. Please complete each blank, if applicable.

For Official Use Only		
Position		
Experience	Signature	
Driver's License No.		
By:	Date:	

PLEASE TYPE OR USE BLACK INK ONLY AND ATTACH ADDITIONAL SHEETS IF NECESSARY. Committee applied for: <u>Citizen's Transportation Advisory Board</u> New Appointment ____ Re-appointment ____ Position Applied for (please check one of the below): Council District 1 ____ Council District 2 ____ Council District 3 (Should you have questions in regard to which council district you reside, please view the Council District Map available on the City Council website or call the City Council Office at 509-625-6255.) Member at Large PCTS representative PETT representative BAB ____ **Person Information** Full Name Residence Address _____ City ____ State ____ Zip ___ Phone ____ Years at Current Address _____ Email How long have you been a continuous resident of the City of Spokane? Are you a citizen of the United States? _____ Are you registered to vote in the City of Spokane? Yes _____ No ____ Have you ever used or been known by any other name (aside from maiden name)? _____ **Background/Training** High School _____ Highest Grade Completed ____ Graduation Date ____ College ____ Highest Grade Completed ____ Graduation Date ____ Field of Study _____ Degree ____ Other Schools Attended or Specialized Training ______ Degree ____ Degree ____ **Organizations, Civic and Government Experience** List any community, civic, trade or professional organization in which you have been active. Organization/Project _____ City/State _____ From/To ____ Organization/Project City/State From/To Organization/Project City/State From/To Have you ever been elected or appointed to any public office, board or commission in Washington State? If so, please list. Title/Position _____ Office/Board/Commission _____ Election/Appt. Date ____ Term Length ____ Title/Position Office/Board/Commission Election/Appt. Date Term Length Title/Position Office/Board/Commission Election/Appt. Date Term Length Have you ever been employed by or held a position or office with any federal, foreign, Washington or other state or local governmental entity or agency? If yes, please list. Position ______ Name of Entity/Agency _____ From/To _____ Position _____ Name of Entity/Agency _____ From/To ____

Position ______ Name of Entity/Agency _____ From/To ____

City of Spokane Employment History			
Answer all of the following by placing "X" In the prope	er column. If an answer to any question i	s "yes", ex	plain in detail
on a separate piece of paper.			
A. Have you ever been rejected for city employment?		Yes	No
B. Have you ever been discharged (fired) or resigned (or	quit) in lieu of discharge,		
except for lay off because of lack of work?		Yes	No
C. Have you been convicted by a court of law within the			
of collateral? A conviction will not necessarily bar y	you from serving in volunteer position.	Yes	No
Military History			
Are you or have you been a member of the Armed Force	es of the United States? Yes No _		
Dates of Service Branch of Service	Date & Type of Discharg	ge	
References			
The following individuals are qualified to comment on m			
Reference 1 Full Name			
Relationship			
Phone Number	Email Address		
Reference 2 Full Name			
Relationship			
Phone Number	Email Address		
Reference 3 Full Name			
Relationship			
Phone Number	Email Address		
Oath of Application			
I CERTIFY UNDER OATH that I have read and unde	erstand all questions and statements cont	ained in th	nis application
(and supplemental questions), further, that all statements	•		
knowledge and belief.			J
AUTHORIZATION FOR REFERENCE CHECK. I	hereby authorize any individual, compa	ny or inst	itution with
whom I have been associated to furnish the City of Spok	kane any pertinent information concerning	ng my em	ployability
which they may have on record or otherwise. I do hereb	y release the individual, company, or ins	stitution ar	nd all
individuals connected therewith from all liability for any	y damages whatsoever incurred in furnis	hing such	information.
	(Initia	ls Here) _	
NOTE: Information contrary to State laws against discr	rimination is not sought or utilized.		
SIGNATURE OF APPLICANT	DATE		

RETURN TO: OFFICE OF THE CITY COUNCIL

PLEASE RETURN A HARD COPY OF THIS FORM, ALONG WITH (IF REQUIRED) ALL CURRENT

PUBLIC DISCLOSURE REPORTS FILED PURSUANT TO RCW 42.17

Supplement to CTAB Application

Please answer the following questions on a separate sheet of paper and return your responses to the City Council Office with the CTAB Application.

- 1. What do you know about Spokane's Transportation Benefit District (TBD)?
- 2. What is the role of the Citizens' Transportation Advisory Board (CTAB)?
- 3. What do you think the TBD and the CTAB can do for Spokane?
- 4. Each member of the CTAB will bring a variety of qualities, experience and interest to the Board. What experience or qualities will you bring to the CTAB should you be a confirmed member of the board?