



Citizen’s Transportation Advisory Board Application

The information provided on this form will be used in considering your appointment.

Please complete each section as applicable.

RETURN THIS FORM TO SHAUNA HARSHMAN, TBD ADMINISTRATOR at sharshman@spokanecity.org

POSITION APPLYING FOR:

Council District 1

Council District 2

Council District 3

Member at Large

PCTS

PETT

BAB

HRC

New Appointment

Re-Appointment

Applicant’s Name: _____

Address: _____

Years at Current Address: _____

Email: _____ Home Phone: _____ Cell Phone: _____

Members must be residents of City of Spokane.

How long have you been a continuous resident of the City of Spokane? _____

EDUCATIONAL HISTORY

High School: _____ Highest Grade Completed: _____

College: _____ Highest Grade Completed: _____

Field of Study: _____ Degree: _____

Other Training: _____

BACKGROUND

With which of the following groups do you identify? Please select all that apply.

Higher Education

Spokane Regional Health District

Business Community

Primary or Secondary School

Lived Experience with Disability

Arts/Culture Organization

Other: _____



EMPLOYMENT, CIVIC AND GOVERNMENT EXPERIENCE

Present or Last Employer or Volunteer placement: _____ Position: _____ Dates: _____

Address: _____ Phone: _____

Previous: _____ Position: _____ Dates: _____

Address: _____ Phone: _____

List any community, civic, trade or professional organizations in which you have been active:

Organization/Project: _____ City, State: _____ Dates: _____

Organization/Project: _____ City, State: _____ Dates: _____

Organization/Project: _____ City, State: _____ Dates: _____

Have you ever been elected or appointed to any public office, board or commission in Washington State? If so, please list:

Office/Board: _____ Position: _____ Dates: _____

Office/Board: _____ Position: _____ Dates: _____

Office/Board: _____ Position: _____ Dates: _____

Have you ever been employed by or held a position or office with any federal, foreign, state or local governmental entity or agency? If so, please list:

Agency: _____ Position: _____ Dates: _____

Agency: _____ Position: _____ Dates: _____

Agency: _____ Position: _____ Dates: _____



SPOKANE CITY COUNCIL

808 W. Spokane Falls Blvd.
Spokane, WA 99201-3335
(509) 625-6255

SUPPLEMENTAL INFORMATION Please include additional attachments as needed.

Why are you interested in serving?

What is the role of the CTAB?

What do you think the TBD and the CTAB can do for Spokane?

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?



UNDERSTANDING OF APPLICATION

I, _____, certify that I have read and understand all questions and statements contained in this application, further, that all statements I have made herein are true and correct to the best of my knowledge and belief.

I understand that if selected for a position to serve on a Committee, Board, or Commission, that I will be required to attend a majority of the meetings held.

I understand that if selected for a position to serve, that I will be subject to the City’s Code of Ethics set forth in Chapter 1.04 of the Spokane Municipal Code.

I understand that applications are subject to the Washington State Public Records Act, which provides an exemption from public inspection and copying of certain personal information as set forth in the Act.

I understand this application authorizes a reference check and hereby authorize any individual, company, or institution with whom I have been associated to furnish the City of Spokane any pertinent information concerning my employability which they may have on record or otherwise. I do hereby release the individual, company, or institution and all individuals connected therewith from all liability for any damages whatsoever incurred in furnishing such information.

NOTE: Information contrary to State laws against discrimination is not sought or utilized.

SIGNATURE OF APPLICANT: _____ DATE: _____

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EQUAL OPPORTUNITY INFORMATION

(This information is voluntary and in no way affects the outcome of your application.)

POSITION APPLYING FOR: _____

Applicant's Name: _____

Gender Identity: _____ Date of Birth: _____

Ethnic Origin (please select one of the following):

Hispanic / Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)

White (having origins in any of the original peoples of Europe, the Middle East, or North Africa)

Black / African American (having origins in any of the Black racial groups of Africa)

Native Hawaiian / Other Pacific Islander (having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

Asian (having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

American Indian / Alaska Native / Indigenous (having origins in any of the original peoples of North, Central, and South America, and who maintain tribal affiliation or community attachment)

Two or More Races (all persons who identify with more than one of the above)

Veteran Status:

Not a veteran

Vietnam-era veteran

Disabled veteran

Any other veteran

Disability Status:

Disabled

Non-Disabled