



Application for Clark County Air Pollution Control Hearing Board

Please complete this application form and submit it by **4:00 p.m. on Monday, April 30, 2012**. You may attach a resume. Send your application to Araceli Pruet, Department of Air Quality, P.O. Box 555210, Las Vegas, Nevada 89155-5210, (702) 455-3206. **Upon submission this application becomes a public record.**

PERSONAL INFORMATION				
Last Name:		First Name:		M.I.
Address:				
City:		State:		Zip:
Home Phone:		Alternate Phone:		
Email:				
QUALIFICATIONS				
Are you a resident of the State of Nevada? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>NRS 445B.275 prohibits employees of the State of Nevada or any political subdivision of the State from serving as an Air Pollution Control Hearing Board member.</i>				
Are you employed by the County, the State of Nevada, or any other political subdivision of the State? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have any relatives working for the County? <input type="checkbox"/> Yes (please identify) <input type="checkbox"/> No				
Name:		Department:		Relationship:
POSITION OF INTEREST				
Please identify the position you are applying for (pursuant to NRS 445B.275):				
<input type="checkbox"/> Citizen Member				
<input type="checkbox"/> Attorney admitted to practice law in Nevada. <i>Please provide your Nevada State Bar number:</i>				
<input type="checkbox"/> General engineering or building contractor licensed as defined by NRS 624.215 and licensed in Nevada. <i>Please provide your Nevada contractor's license number:</i>				
<input type="checkbox"/> Professional engineer licensed in Nevada. <i>Please provide your Nevada engineer's license number:</i>				
EDUCATION				
College/University:		City, State:		
Degree Completed:		Dates Attended:	From:	To:
College/University:		City, State:		
Degree Completed:		Dates Attended:	From:	To:
College/University:		City, State:		
Degree Completed:		Dates Attended:	From:	To:

EMPLOYMENT & VOLUNTEER HISTORY

Starting with most recent, list all of your employment/volunteer experience for the past ten years and any additional experience that you desire to disclose. You may attach a resume.
If you require additional space, please use supplemental sheet on page 5.

Employer:		From:	To:	
Job Title:				
Address:		City:		State:
Supervisor:		Phone:		
Duties:				
Employer:		From:	To:	
Job Title:				
Address:		City:		State:
Supervisor:		Phone:		
Duties:				
Employer:		From:	To:	
Job Title:				
Address:		City:		State:
Supervisor:		Phone:		
Duties:				

Continued on next page.

EMPLOYMENT HISTORY CONTINUED

Employer:		From:	To:
Job Title:			
Address:	City:	State:	
Supervisor:	Phone:		
Duties:			
Employer:		From:	To:
Job Title:			
Address:	City:	State:	
Supervisor:	Phone:		
Duties:			
Employer:		From:	To:
Job Title:			
Address:	City:	State:	
Supervisor:	Phone:		
Duties:			

SUPPLEMENTAL QUESTIONS

1. What kind of experience do you have with public administration or serving on a board?

2. Describe your interest in serving as a hearing board member. Include information not already mentioned about yourself, your experience, and background that support your interest.

3. A hearing board member appointed under this section should have a working knowledge of air quality issues, arbitration, law and/or engineering? What specific education or experience do you have in these areas?

I verify all statements made on this application are true and complete to the best of my knowledge. I understand any false statements or incomplete information may be cause for rejection of my application or not to be considered for contract. I understand the County may make inquiries of my employers to verify experience. My signature below authorizes Clark County to conduct a background check on all education and experience as it relates to the hearing board member position. I understand that upon submission this application becomes a public record.

Signature: _____ Date: _____

SUPPLEMENTAL INFORMATION SHEET

Please clearly identify the area you are supplying additional information for.