



Application for Clark County Air Pollution Control Hearing Board

Please complete all sections of this application. **You may attach a resume, but not in lieu of the completed application.** Send your application to Sherrie Rogge at the Department of Environment and Sustainability, Division of Air Quality, 4701 W. Russell Rd., Suite 200, Las Vegas, Nevada 89118 or submit electronically at agenforcement@clarkcountynv.gov. **Upon submission this application becomes 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"/> Lay 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 supports 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. 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.