



Application for Clark County Air Pollution Control Hearing Officer

Please complete all sections of this application form. **You may attach a resume, but not in lieu of the completed application.** Send your application to Pamela Thompson Department of Environment and Sustainability, Division of Air Quality, 4701 W. Russell Road, Suite 200, Las Vegas, Nevada 89118 or submit electronically at agenforcement@clarkcountynv.gov. **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				
<i>Chapter 2.68.020 of the Clark County Code requires Hearing Officers to be residents of the State of Nevada.</i>				
Are you a resident of the State of Nevada? ☐ Yes ☐ No				
<i>Chapter 2.68.020 of the Clark County Code also requires Hearing Officers to be either a graduate of an accredited law school; or a graduate of an accredited four-year college and have at least five years' experience in public administration.</i>				
Do you meet this requirement? ☐ Yes ☐ No				
<i>Chapter 9.08.120 of the Clark County Code prohibits employees of the State of Nevada or any political subdivision of the State from serving as an Air Pollution Control Hearing Officer.</i>				
Are you employed by the County, the State of Nevada, or any other political subdivision of the State? ☐ Yes ☐ No				
Do you have any relatives working for the County? ☐ Yes (please identify) ☐ No				
Name:		Department:		Relationship:
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 HISTORY

Starting with most recent, list your employment 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?

2. Describe your interest in serving as a Hearing Officer. Include information not already mentioned about yourself, your experience, and background that supports your interest.

3. A Hearing Officer 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 officer 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.