



**Contra  
Costa  
County**

**For Office Use Only**

Date Received:

**For Reviewers Use Only:**

Accepted Rejected

## BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

**MAIL OR DELIVER TO:**

Contra Costa County  
CLERK OF THE BOARD  
651 Pine Street, Rm. 106  
Martinez, California 94553-1292  
**PLEASE TYPE OR PRINT IN INK**  
(Each Position Requires a Separate Application)

BOARD, COMMITTEE OR COMMISSION NAME AND SEAT TITLE YOU ARE APPLYING FOR:

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. **Name:**  Annett, Charlotte Ann  
(Last Name) (First Name) (Middle Name)
2. **Address:**  3493 Hamlin Rd  
(No.) (Street) (Apt.) (City) (State) (Zip Code)
3. **Phones:**  925-283-8754  
(Home No.) (Work No.) (Cell No.)
4. **Email Address:**  cwired@pacbell.net

5. **EDUCATION:** Check appropriate box if you possess one of the following:

High School Diploma ☐ G.E.D. Certificate ☐ California High School Proficiency Certificate ☐

Give Highest Grade or Educational Level Achieved  15

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) <input type="text"/> Franklin Hosp. School of Nsg	<input type="text"/> Nnursing	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> July 1957
B) <input type="text"/>	<input type="text"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C) <input type="text"/>	<input type="text"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D) Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded: Yes No <input type="checkbox"/> <input type="checkbox"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>				

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6. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY. List experience that relates to the qualifications needed to serve on the local appointive body. Begin with your most recent experience. A resume or other supporting documentation may be attached but it may not be used as a substitute for completing this section.

<p>A) Dates (Month, Day, Year)  <u>From</u>      <u>To</u>  <div>Oct 1992</div> <div>Oct 2001</div> <p>Total: <u>Yrs.</u>    <u>Mos.</u>  <div>9</div> <div></div> <p>Hrs. per week <div>40+</div> . Volunteer <input type="checkbox"/></p> </p></p>	<p>Title  <div>Senior Manager</div> <p>Employer's Name and Address  <div>Lifeguard HMO 1851 McCarthy Bld  Milpitas, Ca 95035</div> </p></p>	<p>Duties Performed  <div>Manager of Prior Authorization</div> </p>
<p>B) Dates (Month, Day, Year)  <u>From</u>      <u>To</u>  <div>June 1990</div> <div>June 1992</div> <p>Total: <u>Yrs.</u>    <u>Mos.</u>  <div>2</div> <div></div> <p>Hrs. per week <div>40+</div> . Volunteer <input type="checkbox"/></p> </p></p>	<p>Title  <div>Director Of Nursing</div> <p>Employer's Name and Address  <div>Chemical Dependency Institute  333 S. Bascom  San Jose, Ca 95008</div> </p></p>	<p>Duties Performed  <div>Manager of the Nursing Dept.  Interface with the Counseling and  Admission Departments in this 50 bed  Chemical Dependency Hospital with a  Medical Detox unit.</div> </p>
<p>C) Dates (Month, Day, Year)  <u>From</u>      <u>To</u>  <div>June 1986</div> <div>June 1990</div> <p>Total: <u>Yrs.</u>    <u>Mos.</u>  <div>4</div> <div></div> <p>Hrs. per week <div></div> . Volunteer <input type="checkbox"/></p> </p></p>	<p>Title  <div>Nursing Supervisor</div> <p>Employer's Name and Address  <div>Mission Oaks Hospital  15891 Los Gatos Almaden Rd  San Jose, Ca 95432</div> </p></p>	<p>Duties Performed  <div>I was the night Nursing Supervisor</div> </p>
<p>D) Dates (Month, Day, Year)  <u>From</u>      <u>To</u>  <div>June 1977</div> <div>June 1986</div> <p>Total: <u>Yrs.</u>    <u>Mos.</u>  <div>9</div> <div></div> <p>Hrs. per week <div></div> . Volunteer <input type="checkbox"/></p> </p></p>	<p>Title  <div>Assistant Director of Nursing</div> <p>Employer's Name and Address  <div>Washington Township Hospital  2000 Mowry Ave  Fremont, Ca 94538</div> </p></p>	<p>Duties Performed  <div>I was responsible for the supervision of  the Nursing Supervisors and Nurse  Managers in this full service Hospital.</div> </p>



7. How did you learn about this vacancy?

☐ CCC Homepage ☐ Walk-In ☐ Newspaper Advertisement ☐ District Supervisor ☒ Other Friend

8. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors? (Please see Board Resolution no. 2011/55, attached): No ☒ Yes ☐

If Yes, please identify the nature of the relationship:

9. Do you have any financial relationships with the County such as grants, contracts, or other economic relations? No ☒ Yes ☐

If Yes, please identify the nature of the relationship:

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge and understand that all information in this application is publically accessible. I understand and agree that misstatements / omissions of material fact may cause forfeiture of my rights to serve on a Board, Committee, or Commission in Contra Costa County.

Sign Name: Charles A. Auer

Date: 2/20/2015

### Important Information

1. This application is a public document and is subject to the California Public Records Act (CA Gov. Code §6250-6270).
2. Send the completed paper application to the Office of the Clerk of the Board at: **651 Pine Street, Room 106, Martinez, CA 94553.**
3. A résumé or other relevant information may be submitted with this application.
4. All members are required to take the following training: 1) The Brown Act, 2) The Better Government Ordinance, and 3) Ethics Training.
5. Members of boards, commissions, and committees may be required to: 1) file a Statement of Economic Interest Form also known as a Form 700, and 2) complete the State Ethics Training Course as required by AB 1234.
6. Advisory body meetings may be held in various locations and some locations may not be accessible by public transportation.
7. Meeting dates and times are subject to change and may occur up to two days per month.
8. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.

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Charlotte A. Annett  
3493 Hamlin Rd.  
Lafayette, CA 94549-5020

CONTRA COSTA  
HEALTH PLAN

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