Application Form

Profile				
Which Boards would you like	to apply for	?		
El Sobrante Municipal Advisory C	ouncil: Submit	ted		
Seat, or alternate if seat is not available	_			
Seat Name (if applicable)				
This application is used for al	I boards and	commissions		
Thomas	F	Lang		
First Name	Middle Initial	Last Name		
Email Address				
Home Address			Suite or Apt	
El Sobrante			CA	94803
City			State	Postal Code
Primary Phone				
University of California, San Francisco, School of Dentistry	Professor for Resear	and Associate Dean	Scientist/Ad	lministrator
Employer	Job Title		Occupation	
Do you, or a business in whice Costa Co.?	h you have a	a financial interest, ha	ave a contract	with Contra
○ Yes ⊙ No				
Is a member of your family (o	r step-family) employed by Contra	a Costa Co.?	
○ Yes ⊙ No				

Submit Date: Jan 02, 2018

Education History

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Select the highest level of education you have received:		
✓ Other		
PhD If "Other" was Selected Give Highest Grade or Educational Level Achieved	-	
College/ University A		
University of Chicago Name of College Attended	_	
Chemistry Course of Study / Major		
Don't remember: 16 quarters Units Completed	-	
Type of Units Completed		
Quarter		
Degree Awarded?		
⊙ Yes ∩ No		
BA Davida Tura	_	
June, 1983 Date Degree Awarded	_	
College/ University B		
University of California, Berkeley Name of College Attended		
Chemistry Course of Study / Major	_	
Not relevant Units Completed	_	

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Type of Units Completed	
⊘ Quarter	
Degree Awarded?	
PhD Degree Type	
July 1990 Date Degree Awarded	
College/ University C	
Name of College Attended	
Course of Study / Major	
Units Completed	
Type of Units Completed	
None Selected	
Degree Awarded?	
C Yes C No	
Degree Type	
Date Degree Awarded	
Other schools / training comple	ted:

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Course Studied

Hours Completed
Certificate Awarded?
C Yes C No
Work History
Please provide information on your last three positions, including your current one if you are working.
1st (Most Recent)
4/1/1994-present Dates (Month, Day, Year) From - To
40 Hours per Week Worked?
Volunteer Work?
o Yes ⊙ No
Professor Position Title
Employer's Name and Address
University of California, San Francisco School of Medicine and School of Dentistry 555 Parnassus Avenue San Francisco, CA 94143
Duties Performed
Researcher and Professor of Radiology 1994-Present Associate Dean for Research, School of Dentistry 2015-Present Note: on January 5, 2018 I will retire from the University. On Feb 5 2020, I will rehired as a 40% part time position as associate dean for research.
2nd
8/1/1992-3/30/1994
Dates (Month, Day, Year) From - To

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40	
Hours per Week Worked?	
Volunteer Work?	
C Yes ⊙ No	
Medical Physicist	
Position Title	
Employer's Name and Address	
ADAC Laboratories, 540 Alder Dr Milpitas CA Now defunct	
Duties Performed	
Medical equipment development.	
3rd	
8/1/1990 - 7/31/1992	
Dates (Month, Day, Year) From - To	
40	
Hours per Week Worked?	
Volunteer Work?	
Post Graduate Researcher	
Position Title	
Employer's Name and Address	
Department of Radiology University of California, San Francisco 555 Parnassus Avenue San Francisco CA 94143),
Duties Performed	

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Postdoctoral research in imaging

Final Questions
How did you learn about this vacancy?
If "Other" was selected please explain
. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors?
○ Yes ⊙ No
If Yes, please identify the nature of the relationship:
Do you have any financial relationships with the County such as grants, contracts, or other economic relations?
○ Yes ⊙ No
If Yes, please identify the nature of the relationship:

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