

Application Form

Profile

Which Boards would you like to apply for?

Advisory Council on Aging: Submitted

Member at Large

Seat Name (if applicable)

Describe why you are interested in serving on this advisory board/commission (please limit your response to one paragraph).

Currently a member, I wish to continue.

This application is used for all boards and commissions

Richard

First Name

A

Middle Initial

Nahm

Last Name

[Redacted]

Email Address

[Redacted]

Home Address

Suite or Apt

[Redacted]

City

[Redacted]

State

[Redacted]

Postal Code

[Redacted]

Primary Phone

Employer

Job Title

Occupation

Do you, or a business in which you have a financial interest, have a contract with Contra Costa Co.?

Yes No

Is a member of your family (or step-family) employed by Contra Costa Co.?

Yes No

Education History

Select the highest level of education you have received:

Other

Master of Public Administration

If "Other" was Selected Give Highest Grade or
Educational Level Achieved

College/ University A

CSUH

Name of College Attended

Public Administration

Course of Study / Major

Units Completed

Type of Units Completed

Quarter

Degree Awarded?

Yes No

MPA

Degree Type

September 2003

Date Degree Awarded

College/ University B

Ohlone College

Name of College Attended

Liberal Arts

Course of Study / Major

Units Completed

Type of Units Completed

None Selected

Degree Awarded?

Yes No

Associate of Arts

Degree Type

1980

Date Degree Awarded

College/ University C

Name of College Attended

Course of Study / Major

Units Completed

Type of Units Completed

None Selected

Degree Awarded?

Yes No

Degree Type

Date Degree Awarded

Other schools / training completed:

Course Studied

Hours Completed

Certificate Awarded?

Yes No

Work History

Please provide information on your last three positions, including your current one if you are working.

1st (Most Recent)

10/1974

Dates (Month, Day, Year) From - To

40

Hours per Week Worked?

Volunteer Work?

Yes No

Technical Expert

Position Title

Employer's Name and Address

Social Security Administration 1111 Jackson St Oakland, CA 94611

Duties Performed

Claims, Post-entitlement review, Public Information Liaison, Trainer, Public Speaker, Fraud Investigations, Computer Systems

2nd

Dates (Month, Day, Year) From - To

Hours per Week Worked?

Volunteer Work?

Yes No

Position Title

Employer's Name and Address

Duties Performed

3rd

Dates (Month, Day, Year) From - To

Hours per Week Worked?

Volunteer Work?

Yes No

Position Title

Employer's Name and Address

Duties Performed

Upload a Resume

Final Questions

How did you learn about this vacancy?

Other

Current Member

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:

Please Agree with the Following Statement

I understand that this form is a public document and is subject to the California Public Records Act.

I Agree