



Contra
Costa
County

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Accepted Rejected

RECEIVED
JUN 15 2018
CLERK BOARD OF SUPERVISORS
CONTRA COSTA CO.

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:

ADVISORY COUNCIL ON AGING

AT-LARGE SEAT MEMBER

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name: MEHTA JATIN K [REDACTED]
(Last Name) (First Name) (Middle Name)

2. Address: [REDACTED] BRENTWOOD [REDACTED]
(No.) (Street) (Apt.) (City) (State) (Zip Code)

3. Phones: [REDACTED]
(Home No.) (Work No.) (Cell No.)

4. Email Address: [REDACTED]

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: MASTERS

	Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
				Semester	Quarter		
A)	The University of Toledo, OH	M.S. in Pharmaceutical Sciences	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	43		M.S.	5/10/03
B)	The University of Pune, India	M.S. in Pharmacy (Pharmacology)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	36		M.S.	12/1999
C)	Shivaji University India	Pharmacy	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	136		B. Pharmacy	1/27/1997
D)	Other schools / training completed:	Course Studied		Hours Completed		Certificate Awarded: Yes <input type="checkbox"/> No <input type="checkbox"/>	

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) From <u>12/10/03</u> To <u>9/13 Present</u> Total: Yrs. <u>04</u> Mos. <u>09</u> Hrs. per week <u>40</u>. Volunteer <input type="checkbox"/></p>	<p>Title <u>PHARMACY MANAGER</u> Employer's Name and Address <u>RITE AID</u> <u>20 E. 18th ST.</u> <u>ANTIOCH, CA - 94509</u></p>	<p>Duties Performed <u>- Dispensing prescriptions</u> <u>- Consulting customers on health conditions & proper usage of medications.</u> <u>- Immunizations</u> <u>- Compliance with Federal, State & local laws.</u></p>
<p>B) Dates (Month, Day, Year) From <u>08/2008</u> To <u>08/13</u> Total: Yrs. <u>5</u> Mos. <u></u> Hrs. per week <u>40</u>. Volunteer <input type="checkbox"/></p>	<p>Title <u>PHARMACIST</u> Employer's Name and Address <u>RITE AID</u> <u>4100 LONE TREE WAY</u> <u>ANTIOCH, CA</u></p>	<p>Duties Performed <u>SAME AS DESCRIBED ABOVE</u></p>
<p>C) Dates (Month, Day, Year) From <u>12/10/03</u> To <u>7/2008</u> Total: Yrs. <u>4</u> Mos. <u>7</u> Hrs. per week <u>40</u>. Volunteer <input type="checkbox"/></p>	<p>Title <u>PHARMACIST</u> Employer's Name and Address <u>RITE AID</u> <u>CLEVELAND, TN</u></p>	<p>Duties Performed <u>SAME AS DESCRIBED ABOVE</u></p>
<p>D) Dates (Month, Day, Year) From <u></u> To <u></u> Total: Yrs. <u></u> Mos. <u></u> Hrs. per week <u></u>. Volunteer <input type="checkbox"/></p>	<p>Title <u></u> Employer's Name and Address <u></u></p>	<p>Duties Performed <u></u></p>

7. How did you learn about this vacancy?

CCC Homepage Walk-In Newspaper Advertisement District Supervisor Other AAA representative Mr. Jaime Ray

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:  Date: 6/10/18

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.