## **Application Form**

Profile				
Which Boards would you	like to apply for	?		
Equal Employment Opportuni	ty Advisory Counc	il: Submitted		
Veterans Seat Name (if applicable)				
Describe why you are inte		g on this advise	ory board/commission	on (please limit
I have served on this advisory and want to support however	-	st 4 years. I appr	eciate the direction the	ACEEO is going
This application is used fo	or all boards and	I commissions		
George	E. III	Carter		
First Name	Middle Initial	Last Name		
gcartercareer@comcast.net				
Email Address				
Home Address			Suite or Apt	
			CA	
City			State	Postal Code
Mobile: (925) 325-7093				
Primary Phone				
Employer	Job Title		Occupation	
Do you, or a business in w	vhich you have a	a financial inter	est, have a contract	with Contra
○ Yes ⊙ No				
Is a member of your family	y (or step-family	) employed by	Contra Costa Co.?	
⊂ Yes ເ No				
Education History				
Select the highest level of	education you l	have received:		
✓ Other				

Submit Date: Mar 26, 2019

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If "Other" was Selected Give Highest Grade or Educational Level Achieved	-
College/ University A	
Name of College Attended	_
Course of Study / Major	_
150 Units Completed	_
Type of Units Completed	
Quarter	
Degree Awarded?	
○ Yes ⊙ No	
Degree Type	_
Date Degree Awarded	-
College/ University B	
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	-

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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 comple	ted:
Course Studied	
150	
Hours Completed	
Certificate Awarded?	
⊙ Yes ○ No	
Work History	
Please provide information on you working.	r last three positions, including your current one if you are
1st (Most Recent)	
12/1/2015 - Present Dates (Month, Day, Year) From - To	
40	
Hours per Week Worked?	

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Volunteer Work?	
○ Yes ⊙ No	
Position Title	
Employer's Name and Address	
Duties Performed	
Manage and oversee activities of staff supporting the CCWORKS subsidized employment provides employment and training opportunities to CalWORKs participants.	program which
2nd	
Dates (Month, Day, Year) From - To	
40	
Hours per Week Worked?  Volunteer Work?	
© Yes ⊚ No	
Position Title	
Employer's Name and Address	
Workforce Development Board of Contra Costa County	
Duties Performed	
Provide information and resources to businesses throughout Contra Costa County.	
3rd	
Dates (Month, Day, Year) From - To	
Hours per Week Worked?	
Volunteer Work?	
○ Yes ○ No	

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Position Title

Employer's Name and Address
Duties Performed
Upload a Resume
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:
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

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