



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:

DISABILITY SEAT  
PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

DISABILITY SEAT  
PRINT EXACT SEAT NAME (if applicable)

1. Name: PIAHIN MARK (Last Name) (First Name) (Middle Name)  
2. Address: [Redacted]  
3. Phones: [Redacted]  
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 HA

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) [Redacted]	Special ED Broadcasting	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	150		[Redacted]	[Redacted]
B) [Redacted]	Liberal Arts	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	124		[Redacted]	[Redacted]
C) [Redacted]		Yes No <input type="checkbox"/> <input type="checkbox"/>				
D) Other schools / training completed:	Course Studied	Hours Completed	Certificate Awarded: Yes No <input type="checkbox"/> <input type="checkbox"/>			

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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)            From <input type="text"/> To <input type="text"/>  <input type="text"/> <input type="text"/> present            Total: Yrs. <input type="text"/> Mos. <input type="text"/>  <input type="text"/> <input type="text"/>            Hrs. per week <input type="text"/>. Volunteer <input type="checkbox"/></p>	<p>Title  <input type="text"/>            Employer's Name and Address  <input type="text"/></p>	<p>Duties Performed  <input type="text"/></p>
<p>B) Dates (Month, Day, Year)            From <input type="text"/> To <input type="text"/>  <input type="text"/> <input type="text"/>            Total: Yrs. <input type="text"/> Mos. <input type="text"/>  <input type="text"/> <input type="text"/>            Hrs. per week <input type="text"/>. Volunteer <input type="checkbox"/></p>	<p>Title  <input type="text"/>            Employer's Name and Address  <input type="text"/></p>	<p>Duties Performed  <input type="text"/></p>
<p>C) Dates (Month, Day, Year)            From <input type="text"/> To <input type="text"/>  <input type="text"/> <input type="text"/>            Total: Yrs. <input type="text"/> Mos. <input type="text"/>  <input type="text"/> <input type="text"/>            Hrs. per week <input type="text"/>. Volunteer <input type="checkbox"/></p>	<p>Title  <input type="text"/>            Employer's Name and Address  <input type="text"/></p>	<p>Duties Performed  <input type="text"/></p>
<p>D) Dates (Month, Day, Year)            From <input type="text"/> To <input type="text"/>  <input type="text"/> <input type="text"/>            Total: Yrs. <input type="text"/> Mos. <input type="text"/>  <input type="text"/> <input type="text"/>            Hrs. per week <input type="text"/>. Volunteer <input type="checkbox"/></p>	<p>Title  <input type="text"/>            Employer's Name and Address  <input type="text"/></p>	<p>Duties Performed  <input type="text"/></p>

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7. How did you learn about this vacancy?

CCC Homepage  Walk-In  Newspaper Advertisement  District Supervisor  Other

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: [Handwritten Signature] \_\_\_\_\_ Date: \_\_\_\_\_

**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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