

Application Form

Profile

Angelica

First Name

M

Middle Initial

Matamoros

Last Name

[Redacted]

Home Address

Suite or Apt

Pittsburg

City

CA

State

94565

Postal Code

[Redacted]

Primary Phone

[Redacted]

Email Address

Which supervisorial district do you live in?

District 5

Education

Select the option that applies to your high school education *

High School Diploma

College/ University A

Name of College Attended

Los Medanos College

Degree Type / Course of Study / Major

Certificate

Degree Awarded?

Yes No

College/ University B

Name of College Attended

Blake Austin College

Degree Type / Course of Study / Major

Certificate

Degree Awarded?

Yes No

College/ University C

Name of College Attended

Degree Type / Course of Study / Major

Degree Awarded?

Yes No

Other schools / training completed:

Course Studied

Hours Completed

Certificate Awarded?

Yes No

Board and Interest

Which Boards would you like to apply for?

Equal Employment Opportunity Advisory Council: Submitted

Seat Name

 Union Member Seat #2

Have you ever attended a meeting of the advisory board for which you are applying?

Yes No

If you have attended, how many meetings have you attended?

1

Please explain why you would like to serve on this particular board, committee, or commission.

As a Union Teamster Shop Steward I want to Demonstrate job applicants the equal, transparent hiring process implemented by Contra Costa Health Services.

Qualifications and Volunteer Experience

I would like to be considered for appointment to other advisory boards for which I may be qualified.

Yes No

Are you currently or have you ever been appointed to a Contra Costa County advisory board, commission, or committee?

Yes No

List any volunteer or community experience, including any advisory boards on which you have served.

Cancer Society Breast Cancer screening.

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)

Union Teamster Shop Steward member. Licensed Vocational Nurse


Upload a Resume

Conflict of Interest and Certification

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 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 publicly accessible. I understand that misstatements and/or omissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

I Agree

