

Application Form

Profile

Angelica M Matamoros
First Name Middle Initial Last Name

[Redacted] Suite or Apt
Home Address

Pittsburg CA 94565
City State 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

[REDACTED] 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 undersand 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**