



Please return completed applications to:

Clerk of the Board of Supervisors 1025 Escobar Street, 1st Floor Martinez, CA 94553 or email to: ClerkofTheBoard@cob.cccounty.us

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

First Name		Middle Init	Lial Last Name Anijar			
Joshua Stuart				<u> </u>	Doctol Code	
Home Address - Street		City Martinez		State CA	Postal Code 94553	
Primary Phone (host number to rea	ach vou)				0 1000	
Primary Phone (best number to rea	acii you)	Email Add	ress			
Resident of Supervisorial District (if	f out of Co	ounty, please er	nter N/A):	District Locat	or Tool	
Do you work in Contra Costa Count	t y? Ye	s No If	es, in which District do	you work? $\frac{5}{2}$		
Current Employer		Job Title		Length	of Employment	
Contra Costa Labor Council	Contra C	Contra Costa Labor Council 4 years				
How long have you lived or worked	l in Contra	a Costa County	? 4 years			
Board, Committee, or Commission			Seat Name			
WorkforceBoard			Labor Sea	<u>t</u>		
Have you ever attended a meeting	of the ad	visory board fo	r which you are applyi	ng?		
Pease check one:	✓Yes	□No	If Yes, how many?	over 10		
EDUCATION Check appropriate box if you possess one of the following: ☐ High School Diploma ☐ CA High School Proficiency Certificate ☐ G.E.D. Certificate						
Check appropriate box if you posse	-		iciency Certificate	□ G .	E.D. Certificate	
Check appropriate box if you posse	☐ CA H	ligh School Prof				
Check appropriate box if you posse. High School Diploma	☐ CA H	High School Prof	ciciency Certificate ourse of Study/Major olitical Science	Degree Awa		
Check appropriate box if you posse. High School Diploma Colleges or Universities Attended	□ CA H	High School Prof Degree Type/ Co B.A. Po	ourse of Study/Major	Degree Awa	rded	
Check appropriate box if you posse. High School Diploma Colleges or Universities Attended Arizona State University	□ CA H	High School Prof Degree Type/ Co B.A. Po	ourse of Study/Major olitical Science	Degree Awa	rded No	
Check appropriate box if you posse. High School Diploma Colleges or Universities Attended Arizona State University University. Of Massachusetts Amh	CA H	High School Prof Degree Type/ Co B.A. Po	ourse of Study/Major olitical Science	Degree Awar	rded No	
Check appropriate box if you posse. High School Diploma Colleges or Universities Attended Arizona State University University. Of Massachusetts Amh	CA H	High School Prof Degree Type/ Co B.A. Po	ourse of Study/Major olitical Science	Degree Awar Yes Yes Yes	rded No	
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Check appropriate box if you posse. High School Diploma Colleges or Universities Attended Arizona State University University. Of Massachusetts Amh Occupational Licenses Completed: Other Trainings Completed:	CA H	High School Prof	ourse of Study/Major olitical Science Labor Studies	Degree Awar V Yes Ves Yes Certificate A Yes Yes	warded for Training?	
Check appropriate box if you posse. High School Diploma Colleges or Universities Attended Arizona State University	CA H	High School Prof	ourse of Study/Major olitical Science Labor Studies	Degree Awai Yes Yes Yes Certificate A Yes Yes	warded for Training?	
Check appropriate box if you posse. High School Diploma Colleges or Universities Attended Arizona State University University. Of Massachusetts Amh Occupational Licenses Completed: Other Trainings Completed:	CA Harrist	Degree Type/ Construction B.A. Pont M.S. I	ourse of Study/Major olitical Science Labor Studies nce at scheduled meeti	Degree Awar V Yes Ves Yes Certificate A Yes Yes Yes Yes Yes	warded for Training? No No No No No No No No	

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\s t	e explain why you would like to serve on this particular board, committee, or commission. he executive director of the Labor Council I care deeply in finding ways to bring high road
air	ning parternerships that led to middle class jobs to our county.
esci	ribe your qualifications for this appointment. (NOTE: you may also include a copy of your resume).
	ved on this board and would like to continue my tenure
	·
am i	ncluding my resume with this application:
	Please check one: Yes V No
e yo	u currently or have you ever been appointed to a Contra Costa County advisory board?
	Please check one: Yes No If Yes, please list the Contra Costa County advisory board(s) on which you are currently serving:
	Workforce
	If Yes, please also list the Contra Costa County advisory board(s) on which you have previously served:
	COVID-19 Vaccine Equity Board
t any	y volunteer and community experience, including any boards on which you have served.
	have a familial relationship with a member of the Board of Supervisors? (Please refer to the relationships nder the "Important Information" section on page 3 of this application or Resolution No. 2021/234).
	Please check one: Yes No
	If Yes, please identify the nature of the relationship:
VOII	have any financial relationships with the county, such as grants, contracts, or other economic relationships
you	have any financial relationships with the county, such as grants, contracts, or other economic relationships Please check one: Yes

I CERTIFY that the statements made by me	e in this application are true, complete, and correct to the best of my
knowledge and belief, and are made in goo	od faith. I acknowledge and understand that all information in this
application is publicly accessible. I underst	and and agree that misstatements and/or ommissions of material fact may
cause forfeiture of my rights to serve on a	board, committee, or commission in Contra Costa County.
Signed	Date: 3/20/23

Submit this application to: ClerkofTheBoard@cob.cccounty.us OR Clerk of the Board 1025 Escobar Street, 1st Floor Martinez, CA 94553

Questions about this application? Contact the Clerk of the Board at (925) 655-2000 or by email at ClerkofTheBoard@cob.cccounty.us

Important Information

- 1. This application and any attachments you provide to it is a public document and is subject to the California Public Records Act (CA Government Code §6250-6270).
- 2. All members of appointed bodies are required to take the advisory body training provided by Contra Costa County.
- 3. Members of certain 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.
- 4. Meetings may be held in various locations and some locations may not be accessible by public transportation.
- 5. Meeting dates and times are subject to change and may occur up to two (2) days per month.
- 6. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.
- 7. As indicated in Board Resolution 2021/234, a person will not be eligible for appointment if he/she is related to a Board of Supervisors' member in any of the following relationships: (1) Mother, father, son, and daughter; (2) Brother, sister, grandmother, grandfather, grandson, and granddaughter; (3) Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter; (4) Registered domestic partner, pursuant to California Family Code section 297; (5) The relatives, as defined in 1 and 2 above, for a registered domestic partner; (6) Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.