



City of SeaTac

Citizen Advisory Committee

Application for Appointment

Applications are retained in the City Clerk's Office for one year from the date they are received.

I wish to be considered for appointment to the following committee:

- Human Services Advisory Committee
- Senior Citizen Advisory Committee (ages 55 and over)
- Library Advisory Committee
- Tree Board
- Planning Commission
- Other: _____

If interested in more than one committee, please indicate your order of preference by numbering (i.e. 1, 2, 3).

How did you learn of this vacancy? Newspaper City Website Weekly Update
 City Staff or Councilmember Other _____

Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Are you a SeaTac resident? Yes__ No__

If student, please state grade: _____

Present Employer: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Date available for appointment to a committee: _____

Can you attend: Evening meetings? Yes__ No__ Daytime meetings? Yes__ No__

Approximately how many hours each month can you devote to City business? _____

Attach an additional page, if needed for any of the following information:

Have you previously served or are you currently on one of the committees listed above? Yes__ No__

If yes, please explain: _____

Professional and/or Community Activities: _____

Please share your experiences/qualifications that relate to this committee and why you would like to be involved: _____

Human Services Advisory Committee, Library Advisory Committee or Planning Commission Applicants:

Do you own or operate a business entity located within the City of SeaTac? Yes ___ No ___

Are you employed by a business entity located within the City of SeaTac? Yes ___ No ___

Business Name: _____

Business Address: _____

Senior Citizen Advisory Committee Applicants:

Are you at least fifty-five (55) years of age? Yes ___ No ___

Please list the days/evenings/times that would be most convenient for you to come to City Hall for an interview: _____

If recommended, by whom: _____

Please return this form to:

City of SeaTac
City Clerk's Office
4800 South 188th Street
SeaTac, WA 98188-8605
206.973.4660

***Be advised, if you are selected for a committee you will be subject to a background investigation.**

Citizen Advisory Committee Applications are subject to public disclosure laws of the State of Washington (RCW.42.56), and if requested will be provided in its entirety.

I hereby certify that this application contains no willful misrepresentations and that the information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

The City of SeaTac is an Equal Opportunity Employer

For office use only:

Date Interviewed: _____ Committee: _____

Date Appointed: _____

Date Interviewed: _____ Committee: _____

Date Appointed: _____

Date Interviewed: _____ Committee: _____

Date Appointed: _____

Background Check: _____ Passed _____ Failed Date Passed/Failed: _____



City of SeaTac

Hotel/Motel Tax Advisory Committee

Application for Appointment

Applications are retained in the City Clerk's Office for one year from the date they are received.

How did you learn of this vacancy? Newspaper City Website Weekly Update
 City Staff or Councilmember Other _____

Name: _____ E-Mail: _____

Address: _____
Street City State Zip Code

Home Phone: _____ Business Phone: _____

Current Occupation: _____ Employer: _____

Are you applying as a representative of:

A. A Business that collects the lodging tax on this advisory committee

Yes _____ No _____

Or

B. An Organization involved in activities authorized to be funded by lodging tax revenues

Yes _____ No _____

Name the business or organization you are affiliated with: _____

Attach an additional page, if needed to respond to the following questions:

1. What are the reasons you wish to serve on this committee?

2. What expertise, experience or special interest do you bring to this position?

3. Do you have suggestions about activities to promote tourism in SeaTac?

Are you available for daytime meetings? _____

***Be advised, if you are selected for a committee you will be subject to a background investigation. Citizen Advisory Committee applications are subject to public disclosure laws of the State of Washington (RCW 42.56), and if requested will be provided in its entirety.**

Signature: _____ Date: _____

Please return form to: City of SeaTac, City Clerk's Office, 4800 South 188th Street, SeaTac, WA 98188-8605

For more information about this committee contact Economic Development Manager
Jeff Robinson at 206.973.4812 or jrobinson@ci.seatac.wa.us.

Date Interviewed: _____ Date Appointed: _____ Background Check: Passed _____ Failed _____



City of SeaTac Community Building Committee Application for Appointment

Applications are retained in the City Clerk's Office for one year from the date they are received.

How did you learn of this vacancy? Newspaper City Website Weekly Update
 City Staff or Councilmember Other _____

Name: _____ E-Mail: _____

Home Address: _____
Street City State Zip Code

Home Phone: _____ Business Phone: _____

Current Occupation: _____ Employer: _____

Are you a SeaTac resident? Yes _____ No _____

Do you own a business in SeaTac? Yes _____ No _____

If yes, provide name and address of business: _____

Do you work in SeaTac? Yes _____ No _____

If yes, provide name and address of business: _____

Do you volunteer in SeaTac? Yes _____ No _____

If yes, detail your service: _____

Attach additional pages if needed to answer the questions below:

1. Why do you wish to serve on the Community Building Committee? _____

2. What does the word "community" mean to you? _____

3. What other ways are you connected to our community at large and sub-sets within our community?

4. What other experiences and qualifications would you bring to the Community Building Committee?

Are you available for daytime meetings? Yes ___ No ___ Evenings? Yes ___ No ___

***Be advised, if you are selected for this committee you will be subject to a Background Investigation. Citizen Advisory Committee applications are subject to public disclosure laws of the State of Washington (RCW 42.56), and if requested will be provided in its entirety.**

Signature: _____ Date: _____

Please return form to: City of SeaTac, City Clerk's Office, 4800 South 188th Street, SeaTac, WA 98188-8605

Date Interviewed: _____ Date Appointed: _____ Background Check: ___Passed ___Failed



AUTHORIZATION FOR BACKGROUND AND REFERENCE CHECKS

With the applicant's authorization, the City conducts background and reference checks as follows:

- All finalists being considered for appointment for hiring or volunteer opportunities will have their criminal records checked;
- All finalist applicants being considered for hire will have employment references checked;
- All finalist applicants being considered for hire will have educational histories checked;
- All finalist applicants whose employment or volunteer positions with the City would require them to drive City vehicles as part of their assigned duties will be required to submit their driving records to the City for review and consideration; and/or
- Any finalist applicants whose employment or volunteer positions with the City require them to handle the City's cash, investments or other monetary assets will be required to submit to a credit history check.

Signed Authorization for Background and Reference Checks forms for applicants not appointed for employment or volunteer opportunities for which they applied are shredded by the City on an annual basis. The City makes every effort to ensure the confidentiality of each applicant's personal identification information.

PLEASE PROVIDE THE FOLLOWING INFORMATION

Applicant's Name: _____
Last First Middle

Alias/Maiden/Other Name(s): _____

Date of Birth: _____ Gender: M F Telephone#: _____

Race: Asian/Pacific Islander Black Hispanic American Indian/Alaska Native White
Please check only one box, if two or more races check the box that most applies to you.

Address: _____
City: State Zip Code:

Social Security Number: _____ / _____ / _____ Required.

Driver's License Number: _____ Issuing State: _____

Have you lived in any other State(s) other than Washington in the last ten (10) years? Yes No

If YES, please note the State(s), County(ies) and dates of residence: _____
State(s) County(ies)

Date(s): _____

Position Applied For: _____

I, _____ (please print), hereby authorize the City of SeaTac or an independent investigating agency appointed by the City to conduct a thorough investigation of my background including my criminal records, driving records (as applicable), credit history (as applicable), educational history (as applicable) and employment references (as applicable). I also hereby release any current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are voluntary acts. This authorization shall be effective for employment and/or volunteer opportunities with the City of SeaTac only.

It is my intention that any copy of this authorization be as effective as is the original.

Signature: _____ Date: _____