



Ethics Commission

Please check the boxes which pertain to you:

- | | |
|---|--|
| <input type="checkbox"/> I'm employed (or retired) by the Private Sector | <input type="checkbox"/> I'm a lobbyist or employ or assist a lobbyist. |
| <input type="checkbox"/> I'm employed (or retired) by the Public Sector | <input type="checkbox"/> I'm registered to vote in the State of Washington |
| <input type="checkbox"/> I currently hold or am campaigning for an elective office | <input type="checkbox"/> I'm licensed to practice law in the State of Washington |
| <input type="checkbox"/> I'm an officer of a political party or political committee | <input type="checkbox"/> I am a resident of Pierce County |

Last Name:	First Name:	Middle Initial:
Residential Street Address <i>not</i> a PO Box		Home Phone () -
Preferred Mailing Address (Home, Business or PO Box)		Work Phone () -
Email Address	Check Your Pierce County Council District No: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	
Occupation and Employer. <i>(If retired, please indicate "Retired" with your former employer and occupation)</i>		
Education. <i>(Name of high school, college/university, degree)</i>		
Professional/Community Activities. <i>(Attach additional page if needed)</i>		
Describe your qualifications related to this position. <i>(Attach additional documentation/pages if needed)</i>		
Describe your interest in serving on this Board/Commission. <i>(Attach additional page if needed)</i>		
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Can you perform the essential functions and meet the attendance requirements for serving on this board/commission with or without an accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you, your spouse, or a member of your immediate family an employee of Pierce County? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes please identify:		
Are you currently serving on any other Pierce County Boards or Commissions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes please identify:		



Your Name: _____

Name of Board: _____

PERSONAL REFERENCES:

Name: _____

Occupation: _____

Address: _____

Daytime Phone: _____

Name: _____

Occupation: _____

Address: _____

Daytime Phone: _____

Name: _____

Occupation: _____

Address: _____

Daytime Phone: _____

Signature of Applicant:

Date: _____

Please return completed application and résumé (if available) to: **Pierce County Office of the Executive
930 Tacoma Ave S, Room 737
Tacoma, WA 98402**

REFERRAL SOURCE:

How did you hear of this volunteer opportunity? Please check all that apply:

Newspaper: _____

Pierce County Executive Board & Commission Vacancy Web Page

Word-of-Mouth

County Employee

Posted: _____

Public Access Television

Board Meeting: _____

Other - Please Identify: _____