Application Form

Bicycle Pedestrian Advisory Group

Please send the completed application, along with your resume and any supporting letters of recommendation, to Meredith Soniat at msoniat@cityoftacoma.org , or Tacoma Municipal Building; 747 Market Street, Room 644; Tacoma, WA 98402-3766.

If you have questions about the application process, or if you need an accommodation in the application process, please contact Meredith Soniat at 253-591-5380 or msoniat@cityoftacoma.org.

People with hearing or speech impairments may contact us through Washington Relay Services 1-800-833-6388 (TTY or ASCII), 1-800-833-6386 (VCO), or 1-877-833-6341 (STS). NOTE: This document and any attachments are subject to public disclosure. Certain information is exempt from disclosure. Refer to RCW 42.56 for information on state law regarding public records and certain records that are exempt from public disclosure.

Personal Information

Date of Application _____

Name _____ E-mail _____

Home Phone _____ Business Phone _____ Mobile Phone _____

Residential street address including city and ZIP Code (not a P.O. Box)

_____

_____

Home mailing address (if different from above)

_____

_____

Business address

_____

_____

Occupation _____

How many years have you lived or worked in Tacoma? _____

Date of Birth _____ Age ☐16-18 ☐19-24 ☐25-40 ☐41-64 ☐65+

Please contact me at the following phone number ☐Home ☐Business ☐Mobile

Please contact me at the following address ☐Residential Street ☐Home Mailing ☐Business

The City of Tacoma promotes cultural and ethnic diversity on citizen committees, boards, commissions, and authorities. Information in this section will assist in achieving this goal, and is *voluntary*.

☐African American/Black ☐Asian ☐Hispanic or Latino ☐Native American/Alaskan

☐Native Hawaiian or Other Pacific Islander ☐White ☐Other

City of Tacoma Council District: ☐ 1 ☐2 ☐3 ☐4 ☐5 ☐Outside City Limits

If you do not know your Council District use the following link. After typing your address, click on "My Neighborhood" to identify your district. If Council District unknown click here

Military History

Are you or have you been a member of the Armed Forces of the United States? ☐ Yes ☐No

Dates of Service_____ Branch of Service_____

Date and Type of Discharge_____

Questionnaire

Why are you interested in serving on the Bicycle Pedestrian Advisory Group? 32T

How did you hear about the vacancy on the Bicycle Pedestrian Advisory Group? 32T

Please list any community activities that relate to this position. 32T

List any experience that would assist you in serving on this advisory group. 32T

Do you or any of your family members work for or serve on the board of directors of any organization which has contracted with or applied for funding from the City of Tacoma? Do you anticipate any involvement of this kind in the future? If yes, please describe the relationship. 32T

Are you related to any elected City official or staff member? If yes, please explain. 32T

Please indicate any activities you are involved with that may present a conflict of interest with the Bicycle Pedestrian Advisory Group. 32T

References

Reference 1: Name _____ Daytime Phone_____

Reference 2: Name _____ Daytime Phone _____