



**REPORT TO
Personnel and Public Employees Committee
City of Sacramento**

**915 I Street, Sacramento, CA 95814-2604
www.cityofsacramento.org**

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**Discussion Calendar
January 18, 2011**

**Honorable Chair and Members of
The Personnel and Public Employees Committee**

Title: Review of Applications for Paratransit Inc. Board of Directors

Location/Council District: (Citywide)

Recommendation: Review applications and nominate candidates.

Contact: Katia Ligaiviu, Deputy City Clerk, (916) 808-7604, Office of the City Clerk;
Colleen Johnson, Administrative Services Director, (916) 429-2009, Paratransit Inc.

Presenters: None

Department: City Clerk's Office / Paratransit Inc.

Division: N/A

Organization No: 04001011

Description/Analysis

Issue: Review applications to identify the most qualified candidates to nominate and forward to the Mayor for appointment.

Policy Considerations: None.

Environmental Considerations: None.

Commission/Committee Action: None.

Rational for Recommendation: To review applications to identify the most qualified individuals for nomination to the Mayor for appointment to the City's various advisory boards.

Financial Considerations: None.

Emerging Small Business Development (ESBD): None.

Respectfully Submitted by:  _____
Katia Ligaiviu,
Deputy City Clerk

Recommendation Approved:



Stephanie Mizuno,
Assistant City Clerk

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ATTACHMENT 1

Background:

The following applicants are under consideration for positions on city boards and commissions.

Board/Commission:	Paratransit, Inc.
Available Positions:	One (1)
Category Description(s):	Category B: Public-at-large who is a user of Paratransit services
Status of Incumbent:	Scott Leventon – Re-applying & Application attached

No.	Applicant Name	District	Category	Comments
1	Scott Leventon	6	B	Incumbent*

***Ethics Training Renewal Due 11-14-08**



City of Sacramento

Application for Appointment to Boards/Commissions and Committees

INSTRUCTIONS: Provide all information requested. Attachments must be single sided on 8.5 x 11 paper. If you will be representing an organization, you must include a letter from the organization recommending you as their representative. Note: All information provided on this form is a public record. **Return this completed application form to:** Office of the City Clerk, Historic City Hall, 915 I Street, Rm. 116, Sacramento, CA 95814. Tel: (916) 808-7200.

IMPORTANT: Letters of recommendation are optional. If you choose to include a letter it must be submitted as part of this application. Letters will not be accepted after your application is filed with the City Clerk's Office.

BOARD / COMMISSION OR COMMITTEE NAME: Paratransit, Inc.

CATEGORY FOR WHICH YOU ARE APPLYING: User of the service

Description (if applicable)

Category Letter

Name of Company/Organization Being Represented (if applicable): none

Company/Organization Authorization Letter Attached (if applicable to qualifications of category)

Applicant Name: Leventon Scott E-Mail: _____
Last First Middle

Home Address: Occidental Drive #1 Sacramento CA 95826
Street # Street Name City State Zip

Mailing Address (if different than home address): _____
Street # Street Name City State Zip

Resident of City Council District No: Six (6) Business in Council District No: _____
Required If Applicable

Home Telephone: 916- Business Telephone: 916-

Please state the reason you would like to be a member of this board/commission (or attach):

I would like to be reappointed because I enjoy serving on the Board and have established a good working relationship with the CEO and senior staff.

Are you currently, or have you in the past, served on an advisory group? Yes No If yes, state the name of the group and how that service supports your application (or attach).

Sacramento County Advisory Board for Persons with Disabilities

Do you, or an immediate family member, have any relationship (professional, financial, other) that may present a potential conflict of interest for this advisory group? Yes No If yes, please explain:

BACKGROUND INFORMATION

You may also attach a resume reflecting experience, community activities or other qualifications not listed below that would be helpful to the Council in evaluating your application.

EDUCATION:

AA Degree Sacramento City College Social Sciences

WORK EXPERIENCE: List names, addresses and dates of employment for the last five (5) years. Attach additional sheets of paper if needed.

CURRENT EMPLOYER:

FROM DATE: 02-18-2008

EMPLOYER NAME: Department of Public Health

TO DATE: Present

ADDRESS: Capitol Avenue Sacramento CA
Street # Street Name City State

DUTIES:

Process applications for Certified Nurses Assistants and provide information over the phone

PRIOR EMPLOYER(S):

FROM DATE: 9/1/2005

EMPLOYER NAME: Supervising Program Technician I

TO DATE: 2/15/2008

ADDRESS: 1501 Capitol Avenue Sacramento CA
Street # Street Name City State

DUTIES:

Supervise Program Technicians who data process medical information into MEDS

FROM DATE: 8/4/1997

EMPLOYER NAME: Department of Health Services

TO DATE: 8/30/2005

ADDRESS: 1800 3rd Street Sacramento CA
Street # Street Name City State

DUTIES:

Process Renewal and Initial Certified Nurses Assistants and provide information over the phone

FROM DATE: 01-03-1989

EMPLOYER NAME: Resources for Independent Living, Inc

TO DATE: 7/15/1996

ADDRESS: 1211 H Street, Suite B Sacramento CA
Street # Street Name City State

DUTIES:

Provide services to persons with disabilities to live independently in the community

BUSINESS ENTERPRISES: List business name including fictitious name and address of any business enterprises currently or previously owned or operated.

FROM DATE:

BUSINESS NAME: _____

TO DATE:

ADDRESS: _____
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED:

CITY OF SACRAMENTO -
APPLICATION FOR APPOINTMENT

Scott Leventon
APPLICANT NAME

FROM DATE: BUSINESS NAME: _____

TO DATE: ADDRESS: _____
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED: _____

FELONY CONVICTIONS: A felony conviction is not necessarily a bar to appointment. Each case is considered separately based on requirements of the position. However, failure to list felony convictions may result in disqualification.

Have you ever been convicted of a felony? If yes, please indicate for each conviction, the date of the conviction, the location of the court of conviction, and the exact denomination of the offense resulting in conviction:

CIVIL ACTIONS: List each civil action, if any, in which punitive or exemplary damages have been assessed against you, indicating in each instance the date of the trial, court judgment and the location of the court which rendered the judgment:

I DECLARE, UNDER PENALTY OF PERJURY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

Signature: /s/ Scott Leventon
Type Name if Returning Via E-Mail or Print, Sign and Mail

Date: October 18, 2010

DISCLOSURE AND REGULATORY REQUIREMENTS

City Code Section 2.40.060: Conflict of Interest Disclosure - If a Statement of Economic Interests Form 700 is required for this position (see announcement), the form must be filed with the Office of the City Clerk prior to beginning service. The City Clerk will provide appointees with the filing form and instructions. Official status to serve will be delayed until the form is filed with the Office of the City Clerk.

City Code Section 2.40.010: Attendance - Board/commission members are required to attend meetings on a regular basis, and may be removed if a member does not attend three consecutive regularly scheduled meetings. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member? Yes No

City Resolution 2007-653: Mandatory Ethics Training - Board/commission members are required to satisfy the local ethics training requirement mandated by Government Code Sections 53234 et seq. and may be removed if proof of attendance is not filed with the Office of the City Clerk within 60 days of appointment. Appointees will be provided with an on-line training resource. If appointed, will you be able to complete the training within 60 days? Yes No

ACCOMMODATION INFORMATION

PLEASE IDENTIFY ANY SPECIALIZED ACCOMMODATIONS NEEDED FOR EQUAL PARTICIPATION:
