



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

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

**Discussion Calendar  
January 05, 2012**

**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, Director of Administrative Services, (916) 429-2009, Paratransit, Inc.

**Presenters:** None

**Department:** City Clerk's Office / Department

**Division:** N/A

**Organization No:** 04001011

**Description/Analysis**

**Issue:** Review applications and/or conduct interviews 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:



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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.

<b>Board/Commission:</b>	Paratransit, Inc. Board of Directors
<b>Available Positions:</b>	One (1)
<b>Category Description(s):</b>	<b>Category A:</b> Public-at-large who do not use Paratransit services
<b>Status of Incumbent:</b>	<b>Stephen Gould:</b> Re-applying and Application attached.

No.	Applicant Name	District	Category	Comments	Interviewed
1	Michael Avery	7	A		Yes
2	Stephen Gould	4	A		Yes

Applicant Name:	Michael Avery	
Applying for:		
<u>Paratransit, Inc. Board of Directors</u>		
Incumbent?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<ul style="list-style-type: none"> <li>• provider to those with disabilities and elderly</li> <li>• wife is disabled</li> <li>• financial manager</li> <li>• 25 years with fed transportation</li> <li>• has served on sac city boards previously</li> </ul>		

Applicant Name:	Stephen Gould	
Applying for:		
<u>Paratransit, Inc. Board of Directors</u>		
Incumbent?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<ul style="list-style-type: none"> <li>• 18 years on paratransit board</li> <li>• helped write state transportation plan in 70's</li> </ul>		





# City of Sacramento

RECEIVED  
CITY CLERK'S OFFICE  
CITY OF SACRAMENTO

## Application for Appointment to Boards/Commissions and Committees

SEP 11 12:09

**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. Board of Directors

CATEGORY FOR WHICH YOU ARE APPLYING: Member of Board of Directors A  
Description (if applicable) Category Letter

Name of Company/Organization Being Represented (if applicable): N/A  
 Company/Organization Authorization Letter Attached (if applicable to qualifications of category)

Applicant Name: Avery Michael  E-Mail: \_\_\_\_\_  
Last First Middle

Home Address:  Farallon Circle Sacramento CA 95831  
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: Seven (7) Business in Council District No: \_\_\_\_\_  
Required If Applicable

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

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

Please see attached Statement and 4 Letters of Recommendation. *11 pages total.*

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).

Please see attached

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: Bachelor of Science (Engineering). Masters in Business Administration (MBA). Currently studying Contracts Law at UC Davis

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: Feb 2005 EMPLOYER NAME: US Department of Transportation  
TO DATE: Current ADDRESS: Capital Mall Suite 4-100 Sacramento CA  
Street # Street Name City State

DUTIES: Financial Integrity, Review and Evaluation Manager. Responsible to ensure compliance and minimizing fraud and waste

**PRIOR EMPLOYER(S):**

FROM DATE: Oct 2004 EMPLOYER NAME: Delcan  
TO DATE: Jan 2005 ADDRESS: Reston VA  
Street # Street Name City State

DUTIES: Transportation Program Management

FROM DATE: Jan 1990 EMPLOYER NAME: Booz Allen Hamilton  
TO DATE: Oct 2004 ADDRESS: Greensboro Drive McLean VA  
Street # Street Name City State

DUTIES: Transportation Program Management

FROM DATE: Jun 1985 EMPLOYER NAME: DeLeuw Cather  
TO DATE: Dec 1989 ADDRESS: Gaithersburg Road Gaithersburg MD  
Street # Street Name City State

DUTIES: Transportation Program Management

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:

[Empty box for business type]

CITY OF SACRAMENTO -  
APPLICATION FOR APPOINTMENT

Avery, Michael

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:

No

**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:

No

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

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

Date: October 12, 2011

**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:

\_\_\_\_\_

PARATRANSIT Inc., BOARD OF DIRECTORS



Application from Michael Avery - Additional Information in Support of Application, October 12, 2011

***Please State the Reason You Would Like to be a Member of this Board:***

I am passionate about transportation for all, regardless of their physical challenges. I am excited about the opportunity to serve Sacramento's users of Paratransit's services. Transportation is a human basic need and is critical for self-sufficiency and quality of life.

I understand the powers and duties of members of the Board of Directors to be:

- Serve as the governing body of Paratransit Inc
- Participate in its' mission and realization of its' vision
- Develop, communicate and implement the policies to achieve the Goals and Objectives
- Attend/participate in quarterly strategic planning/government workshops
- Commit to regular Board Meetings

I believe I am very well qualified to serve on this Board and bring the following skills and experience:

- Deep understanding of the role of Paratransit's services including the legal requirements and its importance to the community
- 25 years of experience in transportation issues (technical, financial integrity and regulatory)
- Serves as "care-giver" for disabled family members
- Commitment to support Paratransit Inc to become the best provider in the country
- Previous experience on Boards of Directors and Sacramento Boards and Commissions

***Are you currently, or have you in the past, served on an advisory group?***

1. Currently serve on the City of Sacramento "Housing Code Advisory and Appeals Board"
2. Previously served as member of the Board of Appeals for ADA Compliance
3. Previously served as a member of various Board of Directors in the transportation sector

As endorsements of my skills and commitment, please see the attached Letters of Recommendation.

1. Letter of Recommendation from Sacramento City Supervisory Staff which supports the "Housing Code Advisory and Appeals Board"
2. Letter of Recommendation from previous Chair of the "Housing Code Advisory and Appeals Board"
3. Letter of Recommendation from current Chair of the "Housing Code Advisory and Appeals Board"
4. US Department of Transportation, Annual Performance Appraisal which rated me at "Outstanding" in all job factors including Quality of Work, Timeliness/Dependability, Teamwork, Customer Service and Communication

If I can provide any additional information or clarify any questions, you have, please do not hesitate to contact me.  
Thank you for your consideration of my Application.



COMMUNITY DEVELOPMENT  
DEPARTMENT

CITY OF SACRAMENTO  
CALIFORNIA

300 RICHARDS BLVD. 3<sup>RD</sup> FLR  
SACRAMENTO, CA  
95811-0218

October 5, 2011

To Whom it May Concern:

This is a letter of reference for Michael Avery. I have known Michael since March 2010 and have served with him on the City of Sacramento "Housing Code Advisory and Appeals Board" (HCAAB).

I served as secretary to the Board and work very closely with the Board members. I can honestly say that in his role as a Board member, Michael has taken it very seriously. He comes to each meeting and is determined to act fairly and impartial, constantly ensuring that the public is getting what is deserved and that the City is actively following Sacramento City Codes as well as departmental processes and procedures.

I truly feel that with Michael's professionalism, attitude, care and concern that he has added value to the hearings and HCAAB Board recommendations.

I strongly recommend Michael for similar positions as a Board Member and have confidence he will make a positive difference to serve the residents of Sacramento.

Sincerely,

Stacey Chatman

Customer Service Supervisor

October 10, 2011

To Whom it May Concern

Please accept this letter of reference for Michael Avery as he applies for a seat on the Board of Directors of Paratransit. I was chair of the City of Sacramento's Housing Code Advisory and Appeals Board (HCAAB) for the last 14 years, terming our last February. Michael joined the HCAAB in March 2010. He quickly became an integral member and participated to the maximum extent possible. Without a doubt, his interests were centered around making sure that a fair hearing was conducted and all sides of an issue were accurately described, thereby affording the HCAAB members the ability to make a decision based on facts. He was always serious and professional, interested in delving into the operations and ethics of the board and its' operations while making sure that the appellant had the opportunity to present their case. His prior experience added value to the HCAAB and provided a sounding board for other members to ask questions and make sound decisions, resolving cases with all the present facts as background.

Without reservation, I strongly recommend Michael for similar positions as a Board Member and have confidence he will serve professionally and make a positive difference to serve the residents of Sacramento. Please feel free to contact me if you should have any additional questions.

Selby Mohr  
Chair, Housing Code Advisory and Appeals Board, 1998 - 2011

**From:** Eric Fritz <ericfritz@aol.com>  
**To:** michaelavery247 <michaelavery247@aol.com>  
**Subject:** LETTER OF REFERENCE  
**Date:** Mon, Oct 10, 2011 8:55 pm

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October 10, 2011

To Whom it May Concern:

This is a letter of reference for Michael Avery. I have known Michael since March 2010 and served with him on the City of Sacramento "Housing Code Advisory and Appeals Board" (HCAAB) since then. In his role as a Board Member, Michael has taken his role very seriously, acted professionally and most importantly added value to the hearings and HCAAB Board recommendations. I especially value his attention to details and respect for members of the public. I strongly recommend Michael for a similar position as a Board Member and have confidence he will serve professionally and make a positive difference to serve the residents of Sacramento.

Sincerely,

Eric Fritz  
Chairman, Housing Code Advisory and Appeals Board



## FEDERAL HIGHWAY ADMINISTRATION PERFORMANCE APPRAISAL FORM

Last Name Avery	First Name Michael	Middle Initial	Social Security No. XXX-XX-	Appraisal Period From October 1, 2010	To September 30, 2011
Title, Series and Grade			Organizational Unit and Location		

### A CERTIFICATION OF INITIAL DISCUSSION AND APPROVAL OF PERFORMANCE PLAN

<u>Bernard B. ...</u> Signature of Supervisor	<u>Director of Financial Services</u> Title	<u>M. Avery</u> Signature of Employee
<u>[Signature]</u> Signature of Second Level Supervisor <i>(If applicable - see instructions)</i>	<u>Chief Operating Officer</u> Title	<u>12/1/10</u> Date of Discussion

### B MID-POINT PROGRESS REVIEW

Signature of Supervisor	Signature of Employee	Date of Discussion
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### C SUMMARY PERFORMANCE RATING DETERMINATION

To assign the summary performance rating, select the highest level met based on the applicable criteria: *(See instructions)*

- OUTSTANDING**
- MEETS OR EXCEEDS REQUIREMENTS**
- FAILS TO MEET REQUIREMENTS**

#### Reason for Rating

- |  |  |
|--|--|
| <input type="checkbox"/> End of annual cycle             | <input type="checkbox"/> Employee leaving agency |
| <input type="checkbox"/> Employee reassigned or promoted | <input type="checkbox"/> Other (Specify) _____   |

#### Signatures

Signature of Supervisor	Date	Signature of Second Level Supervisor <i>(If applicable - see instructions)</i>	Date
Signature of Employee		Date	

I have reviewed the completed performance document and it has been discussed with me. This does not necessarily mean that I agree with all the information in it or that I forfeit any rights of review. (Comments may be entered in Section F "Remarks")

E

**FACTOR RATINGS: ALL PERFORMANCE OBJECTIVES (Listed in part D)**

**PERFORMANCE STANDARD:** Rate factors 1-8 as they apply to the collective performance of the performance objectives listed in Part D (individual, supervisory/leadership, and the individual work efforts associated with team performance objectives). Factors 9 - 10 are reserved for organizations with a formal team structure

<p><b>OUTSTANDING</b> Surpasses description for the Exceeded Expectations level to such a degree as to be truly rare and unusual and to stand far above her/his peers.</p>	<p><b>EXCEEDED EXPECTATIONS</b> A very high level of performance that clearly exceeds the good, solid performance needed to meet the basic requirements of the job. An example of this very high level of performance is described below for each job factor.</p>	<p><b>ACHIEVED RESULTS</b> A good, solid level of performance that fully meets the basic requirements of the job. An example of this expected and fully acceptable level of performance is described below for each job factor.)</p>	<p><b>UNACCEPTABLE</b> Fails to meet the minimum level of adequacy for this factor to the extent that performance of these objectives is unacceptable.</p>
<p><b>OUTSTANDING</b> <input checked="" type="checkbox"/></p>	<p><b>1. JOB KNOWLEDGE</b> Broad and detailed knowledge of the job and its relationship to other jobs. Able to apply that knowledge to accomplish these performance objectives in a way that adds value to the organization.</p> <p><input type="checkbox"/></p>	<p><b>ACHIEVED RESULTS</b> Good knowledge of the job. Able to apply that knowledge to achieve acceptable level of performance.</p> <p><input type="checkbox"/></p>	<p><b>UNACCEPTABLE</b> <input type="checkbox"/></p>
<p><b>OUTSTANDING</b> <input checked="" type="checkbox"/></p>	<p><b>2. QUALITY OF WORK</b> Consistently maintains a high standard of work. Produces high quality, precise, well-organized work which not only fulfills the organization's objectives but adds value to the process.</p> <p><input type="checkbox"/></p>	<p><b>ACHIEVED RESULTS</b> Produces a good quality of work to fully accomplish basic objectives in a satisfactory manner.</p> <p><input type="checkbox"/></p>	<p><b>UNACCEPTABLE</b> <input type="checkbox"/></p>
<p><b>OUTSTANDING</b> <input checked="" type="checkbox"/></p>	<p><b>3. VOLUME OF WORK</b> Consistently turns out a high volume of work. Frequently handles difficult cases, and pulls more than her/his own weight.</p> <p><input type="checkbox"/></p>	<p><b>ACHIEVED RESULTS</b> Produces a good, solid quantity of work to fully meet basic requirements.</p> <p><input type="checkbox"/></p>	<p><b>UNACCEPTABLE</b> <input type="checkbox"/></p>
<p><b>OUTSTANDING</b> <input checked="" type="checkbox"/></p>	<p><b>4. TIMELINESS/DEPENDABILITY</b> Consistently completes work on time. Consistently accomplishes a heavy workload within acceptable time limits. Very reliable; can be counted on to be proactive, and to usually exceed expectations.</p> <p><input type="checkbox"/></p>	<p><b>ACHIEVED RESULTS</b> Completes work within acceptable and established time limits. Can be counted on to fully meet basic requirements.</p> <p><input type="checkbox"/></p>	<p><b>UNACCEPTABLE</b> <input type="checkbox"/></p>
<p><b>OUTSTANDING</b> <input checked="" type="checkbox"/></p>	<p><b>5. TEAMWORK</b> Highly successful team worker with ability to consistently promote cooperation and gain support for programs or goals when required. Gets along well with others, and helps fellow workers in a way that furthers organizational goals.</p> <p><input type="checkbox"/></p>	<p><b>ACHIEVED RESULTS</b> Works successfully as a member of a team, cooperates with others, and supports the mission of the work unit/agency.</p> <p><input type="checkbox"/></p>	<p><b>UNACCEPTABLE</b> <input type="checkbox"/></p>
<p><b>OUTSTANDING</b> <input checked="" type="checkbox"/></p>	<p><b>6. RESOURCE MANAGEMENT</b> Uses resources effectively and prudently in completing assignments. Is able to frequently adjust resources to meet emergency or changing requirements, and still get the job done and meet organizational goals.</p> <p><input type="checkbox"/></p>	<p><b>ACHIEVED RESULTS</b> Uses resources in an adequate manner to accomplish basic work goals.</p> <p><input type="checkbox"/></p>	<p><b>UNACCEPTABLE</b> <input type="checkbox"/></p>

**E FACTOR RATINGS: ALL PERFORMANCE OBJECTIVES - CONTINUED**

<p><b>OUTSTANDING</b> Surpasses description for the Exceeded Expectations level to such a degree as to be truly rare and unusual and to stand far above her/his peers</p>	<p><b>EXCEEDED EXPECTATIONS</b> (A very high level of performance that clearly exceeds the good, solid performance needed to meet the basic requirements of the job. An example of this very high level of performance is described below for each job factor.)</p>	<p><b>ACHIEVED RESULTS</b> (A good, solid level of performance that fully meets the basic requirements of the job. An example of this expected and fully acceptable level of performance is described below for each job factor.)</p>	<p><b>UNACCEPTABLE</b> Fails to meet the minimum level of adequacy for this factor to the extent that performance of these objectives is unacceptable.</p>
<p><b>OUTSTANDING</b></p> <p><input checked="" type="checkbox"/></p>	<p><b>7. CUSTOMER SERVICE</b> Consistently recognizes who customers are, and identifies what is required to meet their needs. Is effective in dealing with customers and providing high-quality service. Is able to balance competing and changing demands, and will provide responsive service to meet her/his customers' major needs</p> <p><input type="checkbox"/></p>	<p><b>ACHIEVED RESULTS</b> Provides good, solid customer service. Usually is able to identify and fully meet customers' major needs in an acceptable manner.</p> <p><input type="checkbox"/></p>	<p><b>UNACCEPTABLE</b></p> <p><input type="checkbox"/></p>
<p><b>OUTSTANDING</b></p> <p><input checked="" type="checkbox"/></p>	<p><b>8. COMMUNICATION</b> Very effective in written and oral communications. Written material is well organized, clear, and thorough. Makes effective oral presentations, and deals effectively in group discussions with sensitive or controversial matters. Keeps supervisors and coworkers informed of the status of key issues.</p> <p><input type="checkbox"/></p>	<p><b>ACHIEVED RESULTS</b> Communicates orally and in writing in a manner that fully supports the accomplishment of required job duties.</p> <p><input type="checkbox"/></p>	<p><b>UNACCEPTABLE</b></p> <p><input type="checkbox"/></p>

**TEAM PERFORMANCE FACTORS (OPTIONAL)**

For use in organizations with a formal team structure, to assess team results and individual participation in the team process. Individual work efforts which form part of the team accomplishments should be evaluated in Factors 1-8 above, to the extent applicable.

<p><b>OUTSTANDING</b></p> <p><input type="checkbox"/></p>	<p><b>9. TEAM ACCOMPLISHMENT</b> The team accomplishes team objectives successfully by producing high-quality products within acceptable time limits to fully meet the identified goals of the organization and the needs of the customer.</p> <p><input type="checkbox"/></p>	<p><b>ACHIEVED RESULTS</b> The team meets team objectives and produces good, solid work products within acceptable time limits.</p> <p><input type="checkbox"/></p>	<p><b>UNACCEPTABLE</b></p> <p><input type="checkbox"/></p>
<p><b>OUTSTANDING</b></p> <p><input type="checkbox"/></p>	<p><b>10. INDIVIDUAL EFFECTIVENESS AS TEAM MEMBER</b> Contributes in a very positive way to the overall success of the team by supporting other team members and being actively involved in the team's efforts. Provides guidance and feedback to other team members, provides back-up to other roles and functions on the team, and participates in the group and takes an active role in the team's decision-making process.</p> <p><input type="checkbox"/></p>	<p><b>ACHIEVED RESULTS</b> Participates in the team in a fully adequate manner and contributes to the success of the team. Supports other team members.</p> <p><input type="checkbox"/></p>	<p><b>UNACCEPTABLE</b></p> <p><input type="checkbox"/></p>

THE RESULTS OF ALL APPLICABLE FACTOR RATINGS SHOULD BE USED TO DETERMINE THE SUMMARY PERFORMANCE RATING IN PART C ON THE FIRST PAGE OF THIS FORM. (SEE INSTRUCTIONS.)

Although performance meets at least minimum requirements, improvement or additional development is needed in Factor(s) \_\_\_\_\_ in order to operate at the full performance level. Training and/or development needs have been discussed with the employee, and documented in Part F or G.



# City of Sacramento

RECEIVED  
CITY CLERK'S OFFICE  
CITY OF SACRAMENTO

Application for

Appointment to Boards/Commissions and Committees

2011 OCT 25 P 3:10

**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: BOARD MEMBER  
Description (if applicable) Category Letter

- Name of Company/Organization Being Represented (if applicable): \_\_\_\_\_
- Company/Organization Authorization Letter Attached (if applicable to qualifications of category)

Applicant Name: GOULD STEPHEN LLOYD E-Mail: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_ PARKRIDGE RD SAC CA 95822  
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: 4 Business in Council District No: \_\_\_\_\_  
Required If Applicable

Home Telephone: 916 Business Telephone: \_\_\_\_\_

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

CURRENT APPOINTEE. 18 YEARS EXPERIENCE, INCLUDING TWO TIMES AS PRESIDENT AND FREQUENT SERVICE IN OTHER EXECUTIVE COMMITTEE POSITIONS. I AM KNOWN AS AN ADVOCATE FOR GREATER MOBILITY; SUPPORT FISCAL INTEGRITY; AND ASK HARD QUESTIONS OF MANAGEMENT. I GET ALONG WELL WITH MANAGERS, BOARD, AND CONSTITUENTS.

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).

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:

**PH.D., CLAREMONT UNIV., GOVERNMENT**

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: **RETIRED**

EMPLOYER NAME:

TO DATE:

ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES:

**PRIOR EMPLOYER(S):**

FROM DATE: **1993**

EMPLOYER NAME: **STATE BUREAU OF AUTO REPAIR**

TO DATE: **2001**

ADDRESS: **?** **RANCHO CORDOVA**  
Street # Street Name City State

DUTIES:

**RESEARCH ON AUTO POLLUTION, SMOG CHECK (ENGINEERING)**

FROM DATE: **1980**

EMPLOYER NAME: **DEPT OF CONSUMER AFFAIRS (STATE)**

TO DATE: **1983**

ADDRESS: **?**  
Street # Street Name City State

DUTIES:

**RESEARCH MANAGER**

FROM DATE: **1972**

EMPLOYER NAME: **CAL. DEPT. OF FINANCE**

TO DATE: **1980**

ADDRESS: **?**  
Street # Street Name City State

DUTIES:

**PROGRAM EVALUATION ANALYST**

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

FROM DATE:

BUSINESS NAME: **COLLECTED WORKS**

TO DATE:

ADDRESS: **4524 FREEPORT BLVD. SAC 95822**  
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED:

**GIFTS. OPERATED BY WIFE. ALSO AT 1519 L.**

CITY OF SACRAMENTO -  
APPLICATION FOR APPOINTMENT

\_\_\_\_\_  
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:

*NONE.*

**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:

*NONE.*

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

Signature: *Stephen R Gould* Date: 10/25/11  
Type Name if Returning Via E-Mail or Print, Sign and Mail

**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:

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