

# APPLICATION FOR AUDIT COMMITTEE PUBLIC MEMBER APPOINTMENT

(This is a fill-in PDF form.)

#### **Application submission**

To submit your application, please complete and submit the following information to the office listed below:

- 1. All nine pages of the completed and signed **application form**;
- 2. A copy of your resume;
- 3. A completed and signed Statement of Economic Interests (Form 700); and
- 4. Any additional information you believe relevant to your application.

SANDAG Attn: Francesca Webb 401 B Street, Suite 800 San Diego, CA 92101

If submitted by email: francesca.webb@sandag.org (with a subject line of "Confidential SANDAG Audit Committee Application")

Your application is deemed submitted when you receive an acknowledgement from SANDAG.

If you need additional space to answer any of the following questions, please provide the information in an attachment

#### Section A – General information

Title Name (last, first, mic	Mr. Idle)	Ms.	Mx.			
List all other names y used in the past	you have					
Email address						
Primary telephone n	umber					
Number			Specify type:	Mobile	Work	Home
Alternative telephon	e number (optional)					
Number			Specify type:	Mobile	Work	Home
Current address (nur street, city, state, ZIF						
List all previous resic during the past five (number, street, city state, ZIP code)	years					

## Section B – Licenses or certifications relevant to the position

Туре	Issuing state/entity	License number	Date of issue/expiration date	
Section C – Educa	tion (college/univ	ersity or other educ	cation history)	
School	Degree	Major	Year earned	
Section D – Civic/o	community/volun	iteer experience ove	er past five years	
Organization name	City/state	Activity/type of work	Dates (from/to)	
Saction E - Profes	sional/othor rolo	vant organizations	over past five years	
Section E - Profes	Sional/other rele	vant organizations (	over past live years	
Organization name	City/state	Activity/type of work	Dates (from/to)	
Section F – Three	references famili	ar with your qualific	ations for this appointmen	t
Reference name	Vour accoc	iation with reference	Reference telephone number	
Neterence name	Tour assoc	ation with reference	Reference telephone number	

## Section G – Employment history over past ten years

Employer name			Type of business
Title/position			
Duties			
Employer telephone n	umber		Employer website
Employer address (nui	mber, street, city, state, 2	ZIP code)	
Start date	End date	Reason for leaving	
Employer name			Type of business
Title/position			
Duties			
Employer telephone n	umber		Employer website
Employer address (nui	mber, street, city, state, i	ZIP code)	
Start date	End date	Reason for leaving	

# Section G – Employment history over past ten years (continued)

Employer name			Type of business		
Title/position Duties					
Employer telephone n	umber		Employer website		
Employer address (nur	nber, street, city, state, 2	ZIP code)			
Start date	End date	Reason for leaving			
Employer name			Type of business		
Title/position					
Duties					
Employer telephone n	umber		Employer website		
Employer address (number, street, city, state, ZIP code)					
Start date	End date	Reason for leaving			

#### Section H - Policy-required qualifications

Please explain how you meet the SANDAG Board policy-required qualifications described below. Reference any relevant experience, licenses, or certifications/credentials that support your candidacy to serve on the SANDAG Audit Committee. Alternatively, you may attach a cover letter to respond to this question.

SANDAG Board Policy No. 039, Audit Policy Advisory Committee and Audit Activities, subsection 4.2.2 states, "Applicants shall possess the independence, experience, and technical expertise necessary to carry out the duties of the Audit Committee. This expertise includes, but is not limited to, knowledge of accounting, auditing, and financial reporting. The minimum professional standards for public members shall include at least ten years of experience as a certified public accountant or as a certified internal auditor, or ten years of other professional accounting, financial, or legal experience in audit management."

## Section I – Elected or appointed positions

Do you currently serve in any elected or appointed office or on any local, state, or federal government or non-profit board, commission, committee, or other elected or appointed position?

Yes (If "Yes", please provide in	formation below) No	
Entity	Position	Dates (from/to)

### Section J – Relationships/relatives

To the best of your knowledge, do you have a spouse, registered domestic partner, or other relative who is currently an employee or appointee of SANDAG?

Yes (If "Yes", please provide int	formation below) No	
Name	Position	Relationship to you
Name	Position	Relationship to you
Name	Position	Relationship to you
Name	Position	Relationship to you

#### Section K - Affiliations

To the best of your knowledge, have you currently, or have you ever been, affiliated (as a director, officer, partner, trustee, employee, owner, advisor, or consultant) with any institution, organization, or business entity that might present an actual, potential, or apparent conflict of interest should you be appointed? An example would include, but not be limited to, a contract with SANDAG.

Yes (If "Yes", please explain below)

No

#### Section L – Financial holdings and property

To the best of your knowledge, do you have financial holdings in or receive income from any source or own real property or personal property that might present an actual, potential, or apparent conflict of interest should you be appointed?

Yes (If "Yes", please explain below)

No

## **Section M – Disciplinary actions**

Have you ever been d	disciplined or o	cited for a br	reach of e	ethics or i	unprofessional	conduct in	any court,	administrative
agency, professional a	association, d	isciplinary co	mmittee,	or other	professional g	roup?		

Yes (If "Yes", please explain below)

No

### Section N – Civil litigation or administrative proceeding

In the last 10 years, have you been a party in any capacity in any civil litigation or administrative proceeding that is relevant to this appointment?

Yes (If "Yes", please explain below)

No

# Section O – Tax lien/collection proceedings

Has a local, state, or fee	deral agency or authority ever place	ed a tax lien or filed any other collection proceeding	against you?
Yes (If "Yes", ple	ase explain below)	No	
Please provide the dat	re, a brief description of the even	ts leading to the proceedings, and whether the m	atter has been resolved.
		o the best of my knowledge and belief. I understa	and that false or
individuals and organi job performance, volu SANDAG. I understand be used by SANDAG i enforcement agencies	zations named in this application inteer work or service as a public d that the information may be po n any phase of the application pr	employers, schools, law enforcement agencies, and to provide candid and full information regarding official, character, ability, and fitness to authorized sitive, negative, confidential, and/or privileged in ocess. I release current and previous employers, so SANDAG and its employees/representatives from or use of requested information.	my work record, ed employees of nature and may chools, law
	ree" box below, I hereby certify t vided in this document.	hat I have read and understood the instructions,	conditions, and
l agree	Signature (please type name)	Date	
·	vide additional information or let terest in serving on the SANDAG		