

Application for Audit Committee Public Member Appointment

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)**
- 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: Mr. Ms. Mx.	
Name (last, first, middle):	
List all other names you have used in the past:	
Email:	
Primary phone number:	
Alternative phone number (optional):	
Current address (number, street, city, state, ZIP code):	

Section B – Licer	nses or certific	ations releva	ant to th	ne posi	tion	
Organization name	City and state	Activity/type	of work	Date of	issue	Expiration date
Section C - Educ	ation (college	/university o	or other	educat	tion h	nistory)
School	Degree		Major			Year earned
Section D – Civic	c/community/v	olunteer ex	perience	e over	past 1	five years
Organization name	City and state	Activi	ty/type of v	work	Dates	(from/to)
Section E – Profe	essional/other	relevant org	anizatio	ns ove	er pas	st five years
Organization name	City and state	Activi	ty/type of v	work	Dates	(from/to)
Section F – Three	e references fa	miliar with	your qua	alificat	ions	for this
Reference name	Your a	ssociation with	reference	Refere	ence pl	none number

Section G – Employment history over past ten years

Employer name:
Type of business:
Fitle/position:
Employer phone number:
Employer website:
Employer address (number, street, city, state, ZIP code):
Duties:
Start date: End date:
Reason for leaving:
Employer name:
Type of business:
Title/position:
Employer phone number:
Employer website:
Employer address (number, street, city, state, ZIP code):
Duties:
Start date: End date:
Reason for leaving:

Employer name:
Type of business:
Title/position:
Employer phone number:
Employer website:
Employer address (number, street, city, state, ZIP code):
Duties:
Start date: End date:
Reason for leaving:
Employer name:
Type of business:
Title/position:
Employer phone number:
Employer website:
Employer address (number, street, city, state, ZIP code):
Duties:
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

	elected, or appointed office or on ard, commission, committee, or ot	
Yes (If "Yes", please provid	e information below) 🔲 No	
Entity	Position	Dates (from/to)
Section J – Relationship	os/relatives	
To the best of your knowledge	e, do you have a spouse, registered mployee or appointee of SANDAG	· · · · · · · · · · · · · · · · · · ·
Yes (If "Yes", please provid	e information below)	
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

a breach of ethics or unprofessional conduct in nal association, disciplinary committee, or othe
No

Section N – Civil litigation or administrative proceeding

In the last ten years, have you been a party in any capacity in any civil litigation or			
administrative proceeding that is releva	nt to this appointment?		
Yes (If "Yes", please explain below)	□ No		

Section O – Tax lien/collection proceedings Has a local, state, or federal agency or authority ever placed a tax lien or filed any other collection proceeding against you? Yes (If "Yes", please explain below) □ No Please provide the date, a brief description of the events leading to the proceedings, and whether the matter has been resolved. **Applicant certifies** All statements in this application are true and correct to the best of my knowledge and belief. I understand that false or misleading answers are cause for rejection of this application. By submitting my application to SANDAG, I authorize employers, schools, law enforcement agencies, and other individuals and organizations named in this application to provide candid and full information regarding my work record, job performance, volunteer work or service as a public official, character, ability, and fitness to authorized employees of SANDAG. I understand that the information may be positive, negative, confidential, and/or privileged in nature and may be used by SANDAG in any phase of the application process. I release current and previous employers, schools, law enforcement agencies, individuals, organizations, and SANDAG and its employees/representatives from any liability and/or damages that may result from the release, receipt, or use of requested information. By checking the "I agree" box below, I hereby certify that I have read and understood the instructions, conditions, and other information provided in this document. ☐ I agree

Please feel free to provide additional information or letters of endorsement.

Thank you for your interest in serving on the SANDAG Audit Committee.

Signature (please type name)

Date