



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

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

**2**

**Discussion Calendar  
December 06, 2011**

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

**Title: Review of Applications for Board of Plumbing Examiners**

**Location/Council District: (Citywide)**

**Recommendation:** Review applications and nominate candidates.

**Contact:** Katia Ligaiviu, Deputy City Clerk, (916) 808-7604, Office of the City Clerk;  
Steve Gorman, Chief Plumbing/Mechanical Inspector, (916) 808-808-8951

**Presenters:** None

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



\_\_\_\_\_  
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>	Board of Plumbing Examiners
<b>Available Positions:</b>	One (1)
<b>Category Description(s):</b>	<b>Category B:</b> Journey-level Plumber
<b>Status of Incumbent:</b>	<b>William Haley:</b> Has served the maximum number of terms

No.	Applicant Name	District	Category	Comments	
1	Robert M. Taylor	-	B		



# City of Sacramento

Application for  
Appointment to Boards/Commissions and Committees

RECEIVED  
CITY CLERK'S OFFICE  
CITY OF SACRAMENTO

2011 AUG -1 P 3:59

**INSTRUCTIONS:** Provide all information requested; use blue or black ink; any 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, 1<sup>st</sup> Floor, 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: BOARD OF PLUMBING EXAMINERS

CATEGORY FOR WHICH YOU ARE APPLYING: JOURNEY-LEVEL PLUMBER "B"

Description

Category Letter

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

Applicant Name: TAYLOR ROBERT M E-Mail: \_\_\_\_\_  
Last First Middle

Home Address: COIBION CT ROSEVILLE Ca 95678  
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.: \_\_\_\_\_ Required Community Planning Area No.: \_\_\_\_\_ 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 help maintain the proper knowledge of the  
plumbing industry to all applicants

Are you currently, or have you in the past, served on an advisory group? Circle: 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? Circle: 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: Plumbers & Pipefitters Apprenticeship program (4 years)  
29 YRS EXPERIENCE IN the Plumbing Industry

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: MO \_\_\_ DAY \_\_\_ YR 92 EMPLOYER NAME: RAY L. Hellwig Plumbing & heating  
TO: MO \_\_\_ DAY \_\_\_ YR 11 ADDRESS: Foothills Blvd Rosville CA  
Street # Street Name City State

DUTIES: Sacramento Area Superintendent

PRIOR EMPLOYER(S):

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: \_\_\_\_\_  
TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: \_\_\_\_\_  
TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ EMPLOYER NAME: \_\_\_\_\_  
TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

DUTIES: \_\_\_\_\_

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

FROM: MO \_\_\_ DAY \_\_\_ YR \_\_\_ BUSINESS NAME: \_\_\_\_\_  
TO: MO \_\_\_ DAY \_\_\_ YR \_\_\_ ADDRESS: \_\_\_\_\_  
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED: \_\_\_\_\_

CITY OF SACRAMENTO -  
APPLICATION FOR APPOINTMENT

Robert M Taylor  
APPLICANT NAME

FROM: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ BUSINESS NAME: \_\_\_\_\_

TO: MO \_\_\_\_ DAY \_\_\_\_ YR \_\_\_\_ 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:   
(original signature is required)

Date: 7/18/11

**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? Circle: 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? Circle: Yes / No

**ACCOMMODATION INFORMATION**

PLEASE IDENTIFY ANY SPECIALIZED ACCOMMODATIONS NEEDED FOR EQUAL PARTICIPATION: \_\_\_\_\_