



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
March 19, 2013

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

Title: Review of Applications for Sacramento Disabilities Advisory Commission

Location/Council District: (Citywide)

Recommendation: Nominate candidates.

Contact: Katia Ligaiviu, Deputy City Clerk, (916) 808-7604, Office of the City Clerk;
Obi Agha, Program Specialist, (916) 808-8426, Department of Human Resources

Presenters: None

Department: City Clerk's Office / Human Resources 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.

Board/Commission:	Sacramento Disabilities Advisory Commission
Available Positions:	Two (2)
Category Description(s):	Member shall be representative of different disability groups including but not limited to physical, sensory, developmental and mental disabilities. Applicants shall have experience with disability issues, knowledge or experience with disability law, such as ADA, or Title 24 of the California Code of Regulation.
Status of Incumbents:	David Bain: Has served maximum number of terms Tina Johnson: Resigned

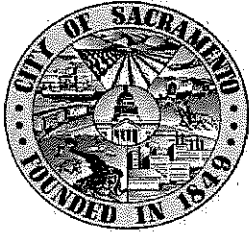
Residency Requirement(s):	City Residency Is Required
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No.	Applicant Name	District	Category	Comments	Interviewed
1	Felicia E. Oropeza	3	-		Yes
2	Janet Kyriacopoulos	5	-		No

Applicant Name:	Felicia E. Oropeza
Applying for:	
<u>Sacramento Disabilities Advisory Commission</u>	
Incumbent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<ul style="list-style-type: none">• Knowledge of gerontology, behavioral and cognitive research will help improve quality of life• Interested in transportation access issues for the disabled community• Has had experiences with family members facing disabilities• Has worked as a Learning Disability Specialist in Oak Park, which has increased her sensitivity to issues faced by those with disabilities	



Applicant Name:	Janet Kyriacopoulos	
Applying for:		
<u>Sacramento Disabilities Advisory Commission</u>		
Incumbent?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<ul style="list-style-type: none">• Was unavailable to attend		



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: Sacramento Disability Advisory Commission

CATEGORY FOR WHICH YOU ARE APPLYING: Commissioner
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: Oropeza Felicia E E-Mail: _____
Last First Middle

Home Address: 10th Street Sacramento CA 95814
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: Three (3) 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):

I believe it is our civic duty to represent the disadvantaged and victims of prejudice in our society. Because the stigma attached to the label of disabilities is socially and emotionally destructive, we need to provide the disabled with a strong voice within governmental agencies and institutions. As a commissioner, I would ensure that each statute we receive affecting disabled populations coincides with disability laws such as ADA and Title 24 of the California Code of Regulations. In addition, I believe that outreach efforts are vital to the increased availability of resources to disabled populations within the surrounding areas of the Sacramento Region. Conclusively, our primary responsibility as human beings is to assist those who need a helping hand. Serving in this position would be my way of giving back to a system that protected my rights.

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 Youth Commission- Increased sensitivity for human rights of disadvantaged and disabled

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:

Masters of Arts, General Psychology (Pre-doctoral track) 2012 California State University, Sacramento

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: 02-08-2010 EMPLOYER NAME: Employment Development Department
TO DATE: 01-22-2013 ADDRESS: Capitol Mall Sacramento CA
Street # Street Name City State

DUTIES: Powerpoint presentations, writes EG training materials, Excel Charts, Pivot Tables, Lookup Fcns, Research stats methods

PRIOR EMPLOYER(S):

FROM DATE: 06-09-2008 EMPLOYER NAME: California Board of Equalization
TO DATE: 02-05-2010 ADDRESS: N Street Sacramento CA
Street # Street Name City State

DUTIES: Archive data, create complex Pivot Tables, Access, Taxpayer Registration Investigations in database

FROM DATE: _____ EMPLOYER NAME: _____
TO DATE: _____ ADDRESS: _____
Street # Street Name City State

DUTIES: _____

FROM DATE: _____ EMPLOYER NAME: _____
TO DATE: _____ ADDRESS: _____
Street # Street Name City State

DUTIES: _____

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

FROM DATE: 01-02-2012 BUSINESS NAME: True to U
TO DATE: 01-22-2013 ADDRESS: E Street Sacramento CA
Street # Street Name City State

TYPE OF BUSINESS OR SERVICE RENDERED:

Career and Personal Development Consulting

CITY OF SACRAMENTO -
APPLICATION FOR APPOINTMENT

Felicia Oropeza
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:

n/a

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:

n/a

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

Signature: /s/ Felicia Oropeza Date: 01-22-2013
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:



City of Sacramento

Application for Appointment to Boards/Commissions and Committees

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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: Disability Advisory Commission

CATEGORY FOR WHICH YOU ARE APPLYING: _____
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: Kyriacopoulos Janet H E-Mail: _____
Last First Middle

Home Address: 1st Ave. Sacramento CA 95817
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: Five (5) 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):

I am a person with a disability, and I would like to be a part of making Sacramento City a place where people with disabilities like to be.

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:

CITY OF SACRAMENTO -
APPLICATION FOR APPOINTMENT

Janet Kyriacopoulos
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/
Type Name if Returning Via E-Mail or Print, Sign and Mail

Date: January 11, 2013

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I am a power chair user, and will need physical access.