
Instructions

You may fill out this application on-line by tabbing between fields and selecting the green Submit at the bottom once complete.

If you prefer to submit a paper application you can select the Print button at the bottom of the page. Printed applications require an original signature and date noted. Any additional documents will need to be attached and then mailed to the address at the bottom of the form.

Must be a resident of Nevada County to apply.

Profile

Which Boards would you like to apply for?

Mental Health & Substance Use Advisory Board (Nevada County): Submitted

Question applies to multiple boards

Confirm your desired member position:

Advisory Board Member

Incumbent?

Yes No

Suzanne

First Name

Nobles

Last Name

Home Address

Suite or Apt

Nevada City

City

CA

State

95959

Postal Code

Mailing Address (if different from residence)

Business Address (Optional)

Supervisorial District 1 through 5 (Available from Election Office, 265-1298)

District 1

Time(s) available to attend meetings (days, evenings, etc.)

First Friday of every month & as needed

Email Address

Business Email Address

Primary Phone

Alternate Phone

Are you currently employed with the County of Nevada?

Yes No

Interests & Experiences

Experience: A resume, or additional sheets, may be attached containing any information that would be helpful to the Board in evaluating your application.

Education/Employment Experience

B.A. Government/History 39 years of employment with County government; 24 with Nevada County, 4+ with State of California, 10+ with County of Yuba; retired Director of Health and Human Services, County of Yuba

Community Experience and Affiliations

Member of Retired Public Employees Association, Sierra Nevada Memorial Hospital Auxiliary, Lay Counselor with Anew Day

List any other County boards, commissions, or committees on which you have served:

During my employment, I was a member of multiple commissions and committees related to Health & Human Services

Other experience you feel would be helpful to the Board of Supervisors in making this appointment:

I've been a member of the Mental Health and Substance Use Advisory Board for the past three years.

References: Please list two references with telephone numbers

Upload a Resume

Additional Attachments

Agreement

Applicants may be required by State Law and County Ordinance to file a financial disclosure statement as part of the appointment process. The form may be viewed at <http://www.fppc.ca.gov>. An Oath of Office will be required upon appointment. I have reviewed the Financial Disclosure Statement requirement.

I Agree

Applications must be filed with:

Clerk of the Board of Supervisors - County of Nevada

950 Maidu Ave.

Nevada City CA 95959-8617.

This application is a public document.

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