TULARE LOCAL HEALTHCARE DISTRICT

COMMITTEE APPLICATION FORM

Name of Applicant: William K. Postlewaite

Home Address: [redacted] City: [redacted] Zip: [redacted]

Home Phone: [redacted] Work Phone: _____

Business Address: N/A City: _____ Zip: _____

Email Address: _____

COMPLETE NAME of Committee(s) you are interested in serving on as well as the position/area of interest for which you are qualified (if necessary).

Tower Construction Committee. There are many who are more qualified to serve on this committee.

List past or present District appointments, as well as any other public service appointments, or elected positions held (please list dates served):

Co-Chairperson for Measure D ($85M Bond)

Co-Chairperson for the Bond Oversight Committee

List any other community involvement:

Past Chair of the Tulare Emergency Aid Commission, Past Chair of the Tulare Aviation Commission, Past Member of the Tulare Redevelopment Committee

Employer/Employment History:

I was employed by the Tulare City School District from 1958 to 1995 where I served in several different capacities.

What experience or special knowledge can you bring to your area(s) of interest?

I supervised the construction of 4 new schools, the most recent being Mission Oak High School.

Have you spoken with any Board Director regarding this position? x Yes ____ No

If so, whom? Very informally with Kevin Northcraft and Mike Jamaica.

Signature William K. Postlewaite **Date** December 5, 2020

Print Name William K. Postlewait4e

PLEASE RETURN COMPLETED FORM BY MAIL OR EMAIL TO:

Administration
Tulare Local Healthcare District
P.O. Box 1136
Tulare, CA 93275
publicrequest@tulareregional.org