

**TULARE LOCAL HEALTHCARE DISTRICT
COMMITTEE APPLICATION FORM**

Name of Applicant: John Atilano

Home Address: [REDACTED] City: [REDACTED] Zip: [REDACTED]

Home Phone: [REDACTED] Work Phone: [REDACTED]

Business Address: 979 N. Blackstone St. City: Tulare Zip: 93274

Email Address: [REDACTED]

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

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

None

List any other community involvement:

Tulare Noon Kiwanis (2009-2014)

Good Shepherd Catholic Parish Pastoral Council (2012-2016)

Boy Scouts of America, Sequoia Council, Pack 267 Cub Scout Den Leader (2015-2018)

Employer/Employment History:

Lane Engineers, Inc. (2001-Present)

United States Navy (1997-2001)

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

I am a California licensed Structural Engineer with almost twenty years of experience. I have worked on OSHPD projects including projects at Delano Regional Medical Center. I have working knowledge with California SB 1953. I have experience with construction projects all throughout the design process including construction administration. I also perform structural investigations of existing buildings.

Have you spoken with any Board Director regarding this position? ____ Yes ____ ☒ No
If so, whom? _____

Signature 

Date 12-2-2020

Print Name John Atilano

PLEASE RETURN COMPLETED FORM BY MAIL OR EMAIL TO:

Administration

Tulare Local Healthcare District

P.O. Box 1136

Tulare, CA 93275

publicrequest@tulareregional.org