

**DALLAS AREA RAPID TRANSIT
TRIAL BOARD HEARING OFFICIAL
NOMINATION FORM**

PERSONAL INFORMATION

Full Name _____

Home Address _____

City, State, Zip Code _____

Date of Birth _____ Cell Phone _____ Email _____

BUSINESS/PROFESSIONAL INFORMATION

Name of Employer _____

Business Address _____

Business Phone _____

Type of Business _____

Position Held _____

Previous Two Employers:

Position:

BACKGROUND INFORMATION

Education

Institution

Degrees Earned

Course of Study

RELEVANT PROFESSIONAL OR COMMUNITY INVOLVEMENT

Organization _____

Position Held _____ Dates of Membership _____

Organization _____

Position Held _____ Dates of Membership _____

Organization _____

Position Held _____ Dates of Membership _____

HONORS/AWARDS/DISTINCTION

EXPERIENCE IN THE AREA OF LABOR RELATIONS

EXPERIENCE IN DISPUTE RESOLUTION AND, IF SO, REPRESENTATIVE PARTIES AND

EXAMPLES:

**OTHER INFORMATION RELEVANT TO INDIVIDUAL'S QUALIFICATIONS AS A MEMBER OF
DART'S TRIAL PANEL**

PLEASE INCLUDE THE NOMINEE'S MOST RECENT RESUME WITH THIS NOMINATION FORM

I consent to this nomination and agree to serve as a member of the Trial Board Panel if selected under the terms and for the compensation set by the Secretary of the Trial Board. I have reviewed the material contained on this form and believe it to be accurate. I recognize that this information is subject to public release.

Signature _____ **Date:** _____
Panel Nominee

Signature _____ **Date:** _____
Secretary of the Trial Board

SUBMIT TO: **Lon Nickles**
 Secretary of the Trial Board
 Dallas Area Rapid Transit
 1401 Pacific Avenue – P.O. Box 660163
 Dallas, Texas 75266

OR **Inickles@dart.org**

Please mark envelopes: TRIAL BOARD PANEL NOMINEE
Please type in the subject line: TRIAL BOARD PANEL NOMINEE
