

**APPLICATION
FOR
COUNTY OF SANTA BARBARA BOARD,
COMMISSION OR COMMITTEE**

Return to: Clerk, Board of Supervisors
County Administration Building
Room 407, 105 E. Anapamu Street
Santa Barbara, CA 93101

FOR OFFICIAL USE ONLY

Date Received: _____

Date Reviewed: _____

Reviewed by: _____

INSTRUCTIONS: Please complete each item below. Be sure to enter the title or the Board, Commission, or Committee (only one per application please) for which you desire consideration. For more complete information or assistance contact the Clerk, Board of Supervisors' Office. This application shall be maintained for a period of one year only. After one year it is necessary to file a new application for another year of eligibility. Please print in ink or type.

1. APPLYING FOR: (Use Specific Title) Santa Barbara County Retirement Board 2. Today's Date: 21 Dec 79

3. NAME: GALLAS Joseph Charles 4. Social Security Number: 563-58-6521
Last First Middle

6. ADDRESS: 631 Daniel De 5. Date of Birth: 10-26-42
Number Street

Santa Maria 93454 7. Telephone: Home: 925-4129
City Zip Code Business: 925-9511

8. REFERENCES: Give names and address of three persons, not relatives, who have knowledge of your character, experience, community involvement, and abilities

NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION
1. <u>Robert Sly</u>	<u>2231 Caballero</u> <u>Santa Maria CA 93455</u>	<u>928 1967</u>	<u>Teacher</u>
2. <u>Peter A. Staff M.D.</u>	<u>1414 S. Miller</u> <u>Santa Maria</u>	<u>922 8311</u>	<u>Doctor</u>
<u>John Wolcott</u>	<u>848 Blake</u> <u>Santa Maria CA 93455</u>	<u>937 7672</u>	<u>Retired Engineer</u>

9. Are you or have you been employed by the County of Santa Barbara? YES NO If YES, List:
Department _____ Title _____ Dates: _____

10. PLEASE CHECK APPROPRIATE BOXES:

Ethnic or Racial Identity:
 White
 Black
 Spanish Surname
 Asian
 North American Indian
 Other (Please Specify) _____

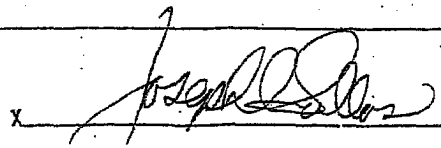
Sex:
 Male
 Female

Age: 57
(Please State)

11. Education Completed:
C.S.L.A. BA 1967
Loyola Law School J.D. 1968

12. Indicate supervisor who will receive a copy of this application:

13. ADDITIONAL INFORMATION: Give any information explaining your qualifications, experience, training, education, volunteer activities, community organization memberships, or personal interests which bear on your application for above Board, Commission or Committee. Attach additional sheets as necessary.

14. SIGNATURE OF APPLICANT:


JOSEPH C. GALLAS

Residence: 631 Daniel Drive
Santa Maria, CA 93454
(805)925-4129

Office: 401 E. ORANGE
P.O. BOX 1357
SANTA MARIA, CA 93456-1357
(805)925-9511

Profession: Attorney

Employment: Joseph C. Gallas
A Professional Law Corporation

Professional Organizations

American Bar Association
National Organization of Social Security Claimants Representative
State Bar of California (Membership No. 43365)
California Applicants Attorney Association
Northern Santa Barbara County Bar Association
Past President 1976-77

Community Organizations & Positions

Optimist Club
Rotary Club (Santa Maria South) Charter Member 1972
Past President 1995-96
Campfire Board of Directors 1978-1982
Marian Medical Center Board of Trustees 1983-1987
County of Santa Barbara Retirement Fund Board 2000 to date
37th District Agricultural Association Board of Directors
2002 to current date

Arrived in Santa Maria and began work October 15, 1968. I worked for Gertrude D. Chern from October 15, 1968 to December 31, 1969. I opened my own office at 302 N. Lincoln. I moved my offices to 401 E. Orange in May 1972 after purchasing an interest in the property.

I have been in solo practice except for a few years from 1978 to approximately 1988 when I had associate attorneys. I have had a general practice through 1992. After 1992 I have specialized in Workers Compensation and Social Security Disability. I obtained my certification as a specialist from the State Bar in Workers Compensation in 1991.