



CITY OF OAKLAND

Police Commission

Application for Position of Commissioner

The purpose of the Police Commission is to oversee the Oakland Police Department in order to make sure that its policies, practices and customs meet national standards of constitutional policing.

A Selection Panel of volunteer community members will select Oakland residents to serve on the Police Commission. Seated Commissioners are volunteers and will not be compensated.

Applicant Information

Full Name: Jackson James E. T. Date: 09/10/2020
Last First M.I.

Home Address: [REDACTED]
Street Address Apartment/Unit #

[REDACTED] [REDACTED] [REDACTED]
City State ZIP Code

Phone: [REDACTED] Email: [REDACTED]

Supplemental Questionnaire

The purpose of this supplemental questionnaire is to evaluate your qualifications to serve on the Police Commission. This application, along with your answers to these questions, will be used by the Selection Panel to select the most suitably qualified candidates.

- Applications submitted without a completed supplemental questionnaire will not be considered.
- Please limit your response to each question to one 8.5" x 11" sheet of paper (single or double spaced).

Please respond (in writing) to the following questions:

1. Please describe any life work and significant community volunteer experiences that prepare you to contribute to the work of the Commission.
2. Please describe your contacts or experiences with the Oakland Police Department.
3. Please describe, if applicable, if you or an immediate family member has had significant volunteer or employment experience:
 - a. as a police officer,
 - b. as a criminal prosecutor or defense attorney,
 - c. with a public agency or nonprofit community group serving or advocating for crime victims or persons charged or convicted of crimes.

Application Considerations

Check all that apply:

- I would like to be considered as a Selection Panel appointee? YES NO
- I would like to be considered as a Mayoral Appointee? YES NO

References

Please list three professional or personal references who are familiar with your background, experience and qualifications, and who can answer questions about your ability to serve as a Commissioner.

- Full Name: Mark Fratzke Relationship: Colleague
E-Mail: [REDACTED] Phone: [REDACTED]
- Full Name: Stephen Texeira Relationship: Friend
E-Mail: [REDACTED] Phone: [REDACTED]
- Full Name: Kiko Malin Relationship: Friend
E-Mail: [REDACTED] Phone: [REDACTED]

Voluntary Self-Identification Questionnaire

1. With which race and/or ethnicity do you identify? (Check all that apply.)

- White
- Black or African American
- Latino
- Native Hawaiian or other Pacific Islander
- Asian
- American Indian or Alaskan Native
- Other: _____
- I do not wish to Self-Identify

2. What is your gender?

- Male _____ I do not wish to self-identify

3. You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history of such an impairment or medical conditions.

Please check one of the boxes below:

- Yes, I have a disability (or previously had a disability)
- No, I do not have a disability
- I do not wish to answer

Disclaimer and Signature

The City Charter requires background checks for all Police Commission members and alternates. Prior convictions will not eliminate you from consideration. The Selection Panel strongly encourages formerly incarcerated individuals to apply.

I certify that I am over eighteen years of age and that my answers are true and complete to the best of my knowledge.

My signature below also indicates my acknowledgement that, by applying for the position of Commissioner, I will be subject to a background check.

Once submitted, your application form, along with all attachments, becomes a public record.

Signature:  Date: 9/24/2020

Completed applications are accepted continuously by mail, hand-delivery, or e-mail as follows:

Mail or Hand-Delivery (Monday-Friday, 8:30 am – 5:00 pm)	Selection Panel for Police Commission c/o City Administrator's Office 1 Frank H. Ogawa Plaza, 3 rd Floor Oakland, CA 94612
E-mail	Address: CityAdministratorsOffice@oaklandca.gov Subject: Police Commission Application

Police Commission Supplemental Questionnaire 2020

James Jackson

1. Please describe any life work and significant community volunteer experiences that prepare you to contribute to the work of the Commission.

-I am a life-long resident of Oakland, and I have been a healthcare/hospital administrator for over 30 years, with most of that time working at facilities in Oakland. In my professional capacity I have had the opportunity to interact with OPD on a number of occasions. I have volunteered throughout my life; a few of the agencies I have volunteered with follow: Big Brothers/Big Sisters, The Hall of Health Health Museum, The American Diabetes Association, The Blind Babies Foundation, SF CARD, The City of Oakland Public Ethics Commission, FACEs for the Future Health Professions Internship Partnership. I believe in civic involvement and am committed to volunteering for the betterment of my community.

2. Please describe your contacts or experiences with the Oakland Police Department.

-As noted above I have interacted with OPD in a professional capacity. I have had limited interactions with OPD personally, primarily minor traffic infractions and when my vehicle was broken into.

3. Please describe, if applicable, if you or an immediate family member has had significant volunteer or employment experience:

- a. as a police officer,
- b. as a criminal prosecutor or defense attorney,
- c. with a public agency or nonprofit community group serving or advocating for crime victims or persons charged or convicted of crimes.

-None