



ANTHONY RENDON
 SPEAKER of the ASSEMBLY
Sixty-Third Assembly District

APPOINTMENT APPLICATION FORM

Speaker's Office of Appointments
 Address: State Capitol, Suite 219
 Sacramento, CA 95814
 Phone: (916) 319-2063 Fax: (916) 319-2163
 Email: Speaker.Appointments@asm.ca.gov
 Website: <http://asmdc.org/speaker/appointments>

1. BOARD OR COMMISSION

Please list up to 3 boards or commissions in ranking order of which you seek to be appointed.

1.

2.

3.

2. PERSONAL INFORMATION

First Name	Middle Initial	Last Name
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Male Female

Gender Identity (optional)	Ethnicity (optional)	Sexual Orientation (optional)
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Birth Date	Social Security Number	Driver License Number
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Political Party Affiliation	Your State Assembly Member	Your State Senator
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3. CONTACT INFORMATION

Current Residence (Number, Street, Apt. #)	City	Zip	County
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Home Phone Number	Cell Number	Email address
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4. RESIDENT HISTORY

If you have lived at your current residence for less than five years, please continue to list of all residences for the past 5 years.

Previous Address (Number, Street, Apt. #)	City	Zip	Date
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Previous Address (Number, Street, Apt. #)	City	Zip	Date
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Previous Address (Number, Street, Apt. #)	City	Zip	Date
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5. SPEAKER APPOINTMENT QUESTIONNAIRE

Are you a United States Citizen? Yes No

Country of Citizenship (if other than U.S.)

Are you registered to vote? Yes No

County in which you are registered to vote

How did you hear about Speaker Appointments?

Did you attend a Speaker Appointment Seminar? Yes No

If yes, please provide city and date.

City

Date (optional)

6. SPOUSE INFORMATION

First Name

Middle Initial

Last Name

Current Employer

Professional Title

Business Address (Number, Street, Suite #)

City

Zip

County

Business Phone Number

Business Fax Number

7. CURRENT EMPLOYMENT

Current Employer

Professional Title

Business Address (Number, Street, Suite #)

City

Zip

County

Business Phone Number

Business Fax Number

8. EMPLOYMENT HISTORY

Please list all positions held in the last 10 years starting with the most recent. Dates can be approximate.

1.

Previous Employer _____ City/State _____

Professional Title _____ Supervisor _____ Duration of Employment _____

2.

Previous Employer _____ City/State _____

Professional Title _____ Supervisor _____ Duration of Employment Date _____

3.

Previous Employer _____ City/State _____

Professional Title _____ Supervisor _____ Duration of Employment Date _____

4.

Previous Employer _____ City/State _____

Professional Title _____ Supervisor _____ Duration of Employment Date _____

9. HIGHER EDUCATION

Please provide your complete educational history starting with the most recent. Dates can be approximate. (Leave blank if there is no history.)

1.

College/University _____ City/State _____ Years Completed _____

Major _____ Degree _____ Date of Completion _____

2.

College/University _____ City/State _____ Years Completed _____

Major _____ Degree _____ Date of Completion _____

3.

College/University _____ City/State _____ Years Completed _____

Major _____ Degree _____ Date of Completion _____

10. PROFESSIONAL LICENSES OR CERTIFICATES

 Description (Issued - Expiration)

 Description (Issued - Expiration)

 Description (Issued - Expiration)

 Description (Issued - Expiration)

11. QUALIFICATIONS/SPECIALTIES

Many positions require the appointment of persons with special background and experience. Please indicate below those categories for which you may qualify.

- | | | |
|--|--|---|
| <input type="checkbox"/> Actuary | <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> Advanced Technology | <input type="checkbox"/> Health/Medicine | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Higher Education | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Business | <input type="checkbox"/> Insurance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Judicial/Attorney | <input type="checkbox"/> Utilities/Energy |
| <input type="checkbox"/> Education (K-12) | <input type="checkbox"/> Labor | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Other |

12. CIVIC ACTIVITIES

List organizations, societies, boards or commissions of which you are *currently* a member.

 Name Contact Number Member Since

 Name Contact Number Member Since

 Name Contact Number Member Since

 Name Contact Number Member Since

 Name Contact Number Member Since

 Name Contact Number Member Since

14. BACKGROUND INFORMATION

Please be sure to answer every question. For all answers requiring an explanation, identify the question number and supply answers on a separate document.

- A. Yes No Have you ever been affiliated in any capacity with any institutions within the past five years that might present a potential conflict of interest or appearance of conflict of interest with your requested appointment? If yes, please explain.
- B. Yes No Do you own real property, personal property or have financial holdings that might present a potential conflict of interest or appearance of conflict of interest with your requested appointment? If yes, please explain.
- C. Yes No Are you or have you ever been a registered lobbyist? If yes, please explain.
- D. Yes No Have you ever been convicted of a violation of any federal, state, county or municipal law, regulation or ordinance (including traffic violations for which a fine of \$500 or more was imposed, including driving under the influence of alcohol or drugs)? If yes, please explain.
- E. Yes No Are you currently under federal, state or local investigation for possible violation of a criminal law, regulation or ordinance? If yes, please explain.
- F. Yes No Has a tax lien or other collection procedure ever been instituted against you by federal, state or local authorities? If yes, please explain.
- G. Yes No Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct by, or been the subject of a complaint to, any court, administrative agency, professional association, disciplinary committee or other professional group? If yes, please explain.
- H. Yes No Have you ever been involved in civil litigation, or administrative or legislative proceedings of any kind, either as plaintiff, defendant, respondent, witness or party in interest? If yes, please explain.
- I. Yes No Have you ever run for political office, served on a political committee, or been identified publicly with a particular political organization, candidate or issue? If yes, please explain.
- J. Yes No Have you ever been publicly identified, in person or by organizational members, with a particularly controversial national, state or local issue? If yes, please explain.
- K. Yes No Have you ever submitted oral or written views to any government authority or the news media on any particularly controversial national, state or local issue, other than in an official government capacity? If yes, please explain.
- L. Yes No Have you ever written any particularly controversial books or articles? If yes, please explain.
- M. Yes No Do you know anyone or any group that might raise questions about your character and qualifications for your requested appointment? If yes, please explain.
- N. Yes No Is there anything in your background that, if made known to the general public through your appointment, would cause embarrassment to you, the Speaker or the State Assembly? If yes, please explain.

15. SUPPORT/RECOMMENDATIONS

List the people and organizations that support your appointment. You may also attach up to 3 letters of recommendation.

Name	Affiliation/Title	Contact Number
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Name	Affiliation/Title	Contact Number
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Name	Affiliation/Title	Contact Number
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Name	Affiliation/Title	Contact Number
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16. BIOGRAPHY / CURRICULUM VITAE (CV) / RESUME

Please attach one or more of the following. Indicate by checking box below.

- Biography
- Curriculum Vitae (CV)
- Resume

17. ADDITIONAL ATTACHMENTS

I have attached the following additional items with my application.

- Letter/s of Recommendation (Please indicate quantity)
 - Background Information Explanation
 - Other (Please specify)
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18. AUTHORIZATION AND RELEASE

I understand that in connection with this application for appointment an investigation of my personal and business background will be conducted. I hereby authorize the release of any and all information pertaining to me or any business in which I participated, including information of a confidential or privileged nature in the possession of government or private agencies or individuals. I hereby release all such agencies or individuals who furnish such information from liability for damages that may result from furnishing the information requested. I also am aware that a consumer credit report may be requested and used in connection with this appointment application. The source of the report shall be a major national credit reporting agency, such as TRW, TRANSUNION, or EQUIFAX. In the event such a request is made, I understand that a copy of the report should be provided to me by the credit agency.

Signature	Date
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