ROBERT RIVAS
SPEAKER OF THE ASSEMBLY

Speaker's Office of Appointments
Address: Legislative Office Building, 1020 N St., Suite 367, Sacramento, CA 95814
Phone: (916) 319-2029 • **Email:** Speaker.Appointments@asm.ca.gov • **Website:** asmdc.org/speaker/appointments

APPOINTMENT APPLICATION FORM

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

☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr. ☐ Rev. ☐ Other: _____

First Name | Middle Initial | Last Name | Birth Date

Gender | Gender Identity (Optional) | Sexual Orientation (Optional)

Ethnicity (Optional) | Disability Status (Optional) | Military Service (Optional)

Political Party Affiliation | Your State Assemblymember | Your State Senator

Important Note on Personal Information: Please do not enter your Social Security Number on this form. However, please be aware that you will be required to provide your SSN upon request later in the application process. All collected information will be kept confidential and stored securely.

3. CURRENT EMPLOYMENT

Current Employer | Professional Title

Business Address (Number/Street/Apt. #) | City | State | Zip | County

Business Phone Number | Business Fax Number

4. 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

5. CONTACT INFORMATION

Current Residence (Number/Street/Apt. #) | City | Zip | County

Home Phone Number | Cell Number | Email Address

6. RESIDENCE HISTORY

If you have lived at your current residence for less than five years, please list all of your previous residences for the last five years.

Previous Address (Number/Street/Apt. #) | City | State | Zip | Dates

Previous Address (Number/Street/Apt. #) | City | State | Zip | Dates

Previous Address (Number/Street/Apt. #) | City | State | Zip | Dates

Previous Address (Number/Street/Apt. #) | City | State | Zip | Dates

7. EMPLOYMENT HISTORY

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

Previous Employer | City/State

Professional Title | Supervisor | Duration of Employment

7. EMPLOYMENT HISTORY CONTINUED

Continuing from previous page, please list all positions held in the last 10 years starting with the most recent. Dates can be approximate.

Previous Employer | City/State

Professional Title | Supervisor | Duration of Employment

Previous Employer | City/State

Professional Title | Supervisor | Duration of Employment

Previous Employer | City/State

Professional Title | Supervisor | Duration of Employment

8. HIGHER EDUCATION

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

College/University | City/State | Years Completed

Major | Degree | Date of Completion

College/University | City/State | Years Completed

Major | Degree | Date of Completion

College/University | City/State | Years Completed

Major | Degree | Date of Completion

9. PROFESSIONAL LICENSES OR CERTIFICATES

Description | Issued | Expiration

Description | Issued | Expiration

Description | Issued | Expiration

10. QUALIFICATIONS & SPECIALTIES

Many positions require the appointment of persons with special backgrounds and experiences. Please indicate below any categories for which you may qualify.

- ☐ Actuary
- ☐ Advanced Technology
- ☐ Agriculture
- ☐ Business
- ☐ Communications
- ☐ Education (K-12)
- ☐ Environment
- ☐ Financial Institution
- ☐ Health/Medicine/Dr/Surgeon
- ☐ Higher Education
- ☐ Insurance
- ☐ Judicial/Attorney
- ☐ Labor
- ☐ Law Enforcement
- ☐ Local Government
- ☐ Climate Change
- ☐ Social Services
- ☐ Transportation
- ☐ Utilities/Energy
- ☐ Veteran
- ☐ Other

11. CIVIC ACTIVITIES

Name	Contact Number	Member Since
Name	Contact Number	Member Since
Name	Contact Number	Member Since
Name	Contact Number	Member Since

12. SPEAKER APPOINTMENT QUESTIONNAIRE

Are you a United States Citizen? ☐ YES ☐ NO

Are you registered to vote? ☐ YES ☐ NO

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)

13. PERSONAL STATEMENT

Please explain why you would like to serve as an appointee of Speaker Robert Rivas:

14. BACKGROUND INFORMATION

Please be sure to answer every question. For answers requiring an explanation, please use the designated section at the end of this form to identify the question *(i.e. A, B,C...)* and supply the answers.

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 use the section at the end of this form to explain as briefly as possible.*

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 use the section at the end of this form to explain as briefly as possible.*

C. ◯ Yes ◯ No Are you now or have you ever been a registered lobbyist? *If yes, please use the section at the end of this form to explain as briefly as possible.*

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 use the section at the end of this form to explain as briefly as possible.*

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 use the section at the end of this form to explain as briefly as possible.*

F. ◯ Yes ◯ No Have you filed federal and state income tax returns for the past seven years? *If no, please use the section at the end of this form to explain as briefly as possible.*

G. ◯ Yes ◯ No Has a tax lien or other collection procedure ever been instituted against you by federal, state, or local authorities? *If yes, please use the section at the end of this form to explain as briefly as possible.*

H. ◯ Yes ◯ No Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct, or been the subject of a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group? *If yes, please use the section at the end of this form to explain as briefly as possible.*

I. ◯ Yes ◯ No Have you ever been involved in civil litigation, or administrative or legislative proceedings of any kind, either as a plaintiff, defendant, respondent, witness or party in interest? *If yes, please use the section at the end of this form to explain as briefly as possible.*

J. ◯ 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 use the section at the end of this form to explain as briefly as possible.*

K. ◯ 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 use the section at the end of this form to explain as briefly as possible.*

L. ◯ 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 use the section at the end of this form to explain as briefly as possible.*

M. ◯ Yes ◯ No Have you ever written any particularly controversial books or articles? *If yes, please use the section at the end of this form to explain as briefly as possible.*

N. ◯ 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 use the section at the end of this form to explain as briefly as possible.*

O. ◯ Yes ◯ No Is there anything in your background that, if made known to the general public through your appointment, would cause embarrassment to you, or to the Speaker of the State Assembly? *If yes, please use the section at the end of this form to explain as briefly as possible.*

14. BACKGROUND INFORMATION CONTINUED

For answers requiring an explanation, please use the section below to identify the question *(i.e. A, B,C...)* and supply the answers as briefly as possible.

Question	Answer
Question	Answer
Question	Answer
Question	Answer
Question	Answer
Question	Answer
Question	Answer
Question	Answer

15. SUPPORT / RECOMMENDATIONS

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

Name	Affiliation/Title	Contact Number
Name	Affiliation/Title	Contact Number
Name	Affiliation/Title	Contact Number
Name	Affiliation/Title	Contact Number

16. BIOGRAPHY / CURRICULUM VITAE (CV) / RESUME

Please attach one or more of the following (indicate by checking the appropriate boxes below):

- ☐ Biography
- ☐ Curriculum Vitae (CV)
- ☐ Resume

17. ADDITIONAL ATTACHMENTS

Please indicate which of the following items have been submitted along with your application:

- ☐ Letter(s) of recommendation

  How many?: _____

- ☐ Other

  Please specify: _____

18. AUTHORIZATION AND RELEASE

INSTRUCTIONS: Original signatures are required. Once the form is complete, please sign, print, and return to the Speaker's Office of Appointments at the address on the top of the first page.

I understand that in connection with this application for appointment and 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 am also 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 _____