



APPOINTMENT APPLICATION FORM

Speaker's Office of Appointments

Address: Legislative Office Building, Suite 410
Sacramento, CA 95814

Phone: (916) 319-2029

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

3. CONTACT INFORMATION

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

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
Previous Address (Number, Street, Apt. #)	City	Zip	Date
Previous Address (Number, Street, Apt. #)	City	Zip	Date

5. SPEAKER APPOINTMENT QUESTIONNAIREAre 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
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Professional Title	Supervisor	Duration of Employment
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2.

Previous Employer	City/State
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Professional Title	Supervisor	Duration of Employment Date
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3.

Previous Employer	City/State
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Professional Title	Supervisor	Duration of Employment Date
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4.

Previous Employer	City/State
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Professional Title	Supervisor	Duration of Employment Date
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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
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Major	Degree	Date of Completion
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2.

College/University	City/State	Years Completed
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Major	Degree	Date of Completion
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3.

College/University	City/State	Years Completed
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Major	Degree	Date of Completion
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10. PROFESSIONAL LICENSES OR CERTIFICATES

Description	(Issued - Expiration)
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Description	(Issued - Expiration)
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Description	(Issued - Expiration)
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Description	(Issued - Expiration)
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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"/> Advanced Technology
<input type="checkbox"/> Agriculture
<input type="checkbox"/> Business
<input type="checkbox"/> Communications
<input type="checkbox"/> Education (K-12)
<input type="checkbox"/> Environment | <input type="checkbox"/> Financial Institution
<input type="checkbox"/> Health/Medicine
<input type="checkbox"/> Higher Education
<input type="checkbox"/> Insurance
<input type="checkbox"/> Judicial/Attorney
<input type="checkbox"/> Labor
<input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Local Government
<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Social Services
<input type="checkbox"/> Transportation
<input type="checkbox"/> Utilities/Energy
<input type="checkbox"/> Veteran
<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
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Name	Contact Number	Member Since
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Name	Contact Number	Member Since
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Name	Contact Number	Member Since
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Name	Contact Number	Member Since
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Name	Contact Number	Member Since
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II. 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 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
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 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)

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