



**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](mailto:Speaker.Appointments@asm.ca.gov)  
 Website: <https://speaker.asmdc.org/appointments>

### 1. BOARD OR COMMISSION

Check here if applying to be re-appointed

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

Male  Female

Gender Identity (optional)

Ethnicity (optional)

Birth Date Social Security Number Driver License Number

Your State Assembly Member Your State Senator

Political Party Affiliation

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

### 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. CURRENT EMPLOYMENT**

---

Current Employer	Professional Title
------------------	--------------------

---

Business Address (Number, Street, Suite #)	City	Zip	County
--	------	-----	--------

---

Business Phone Number	Business Fax Number
-----------------------	---------------------

**6. 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
--------------------	------------	-----------------------------

**7. 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
-------	--------	--------------------

**8. PROFESSIONAL LICENSES OR CERTIFICATES**

Description	(Issued - Expiration)
-------------	-----------------------

Description	(Issued - Expiration)
-------------	-----------------------

Description	(Issued - Expiration)
-------------	-----------------------

**9. 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            |

**10. 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
------	----------------	--------------

**11. 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
------	-------------------	----------------

**12. 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
-----------------------	---------------------

**13. 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.   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.  
**Yes No**
- B.   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.  
**Yes No**
- C.   Are you or have you ever been a registered lobbyist? If yes, please explain.  
**Yes No**
- D.   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.  
**Yes No**
- E.   Are you currently under federal, state or local investigation for possible violation of a criminal law, regulation or ordinance? If yes, please explain.  
**Yes No**
- F.   Has a tax lien or other collection procedure ever been instituted against you by federal, state or local authorities? If yes, please explain.  
**Yes No**
- G.   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.  
**Yes No**
- H.   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.  
**Yes No**
- I.   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.  
**Yes No**
- J.   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.  
**Yes No**
- K.   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.  
**Yes No**
- L.   Have you ever written any particularly controversial books or articles? If yes, please explain.  
**Yes No**
- M.   Do you know anyone or any group that might raise questions about your character and qualifications for your requested appointment? If yes, please explain.  
**Yes No**
- N.   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.  
**Yes No**

**14. PERSONAL STATEMENT**

Please explain why you would like to serve as an appointee of Speaker Anthony Rendon.

---

**15. BIOGRAPHY / CURRICULUM VITAE (CV) / RESUME**

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

- Biography
- Curriculum Vitae (CV)
- Resume

**16. 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)
- 

**17. SPEAKER APPOINTMENT QUESTIONNAIRE**

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)

**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