



**SENATE COMMITTEE ON RULES**  
 APPOINTMENTS UNIT  
 State Capitol, Room 420  
 Sacramento, CA 95814  
 (916)-651-4151

**APPOINTMENT APPLICATION**

**1. NAME**       Mr.     Ms.     Mrs.     Dr.     Rev.    \_\_\_\_\_ (other)

\_\_\_\_\_ (\_\_\_\_\_)  
 Last Name                      First Name                      Middle Name                      Maiden Name

Other Names Used \_\_\_\_\_

**2. POSITION(S) APPOINTED TO OR SOUGHT**

\_\_\_\_\_

**3. PERSONAL INFORMATION**

\_\_\_\_\_  
 Driver's License Number    Birthdate (mm/dd/yyyy)    Social Security Number    Ethnicity (optional)

\_\_\_\_\_  
 Gender (optional)                      Gender Identity (optional)                      Sexual Orientation (optional)

**4. SPOUSE INFORMATION**

\_\_\_\_\_  
 Spouse's Name

\_\_\_\_\_  
 Spouse's Occupation

\_\_\_\_\_  
 Spouse's Employer

Is your spouse an appointee of the State of California?     Yes     No

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## APPOINTMENT APPLICATION

### 5. VOTER INFORMATION

Are you a registered voter?  Yes  No

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County

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Party Affiliation

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Your State Senator

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Your Assembly Member

### 6. CURRENT EMPLOYMENT

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Occupation

---

Business Title

---

Company

---

Company Address

---

Work Phone

---

Work Cell Phone

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Work Email Address

### 7. CONTACT INFORMATION

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Residence

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Phone

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Cell Phone

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Email Address

If you have lived at your current residence less than 5 years, please list your previous residences:

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Previous Residence

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Previous Residence

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## APPOINTMENT APPLICATION

**8. CERTIFICATIONS:** Please list licenses or certificates held pertaining to the desired position(s) sought.  
*\*\*If additional space is needed please attach a separate sheet.*

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License/Certificate	Date Secured (mm/yyyy)
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License/Certificate	Date Secured (mm/yyyy)
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**9. EDUCATION HISTORY** *\*\*If additional space is needed please attach a separate sheet.*

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College/Graduate School	From (mm/yyyy)	To (mm/yyyy)	Degree	Major
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College/Graduate School	From (mm/yyyy)	To (mm/yyyy)	Degree	Major
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College/Graduate School	From (mm/yyyy)	To (mm/yyyy)	Degree	Major
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**10. WORK HISTORY** *\*\*If additional space is needed please attach a separate sheet.*

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Employer	From (mm/yyyy)	To (mm/yyyy)	Occupation	City/State
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Reason for leaving

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Employer	From (mm/yyyy)	To (mm/yyyy)	Occupation	City/State
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Reason for leaving

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Employer	From (mm/yyyy)	To (mm/yyyy)	Occupation	City/State
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Reason for leaving

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## APPOINTMENT APPLICATION

**11. MEMBERSHIPS:** List all civic and professional organizations and societies you have been a member.  
*\*\*If additional space is needed please attach a separate sheet.*

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Organization/Society	From (mm/yyyy)	To (mm/yyyy)
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Organization/Society	From (mm/yyyy)	To (mm/yyyy)
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Organization/Society	From (mm/yyyy)	To (mm/yyyy)
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### 12. BACKGROUND AND EXPERIENCE

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

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> Advanced Technology | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Attorney               |
| <input type="checkbox"/> Education           | <input type="checkbox"/> Environment | <input type="checkbox"/> Financial Institutions |
| <input type="checkbox"/> High Education      | <input type="checkbox"/> Insurance   | <input type="checkbox"/> Labor                  |
| <input type="checkbox"/> Law Enforcement     | <input type="checkbox"/> Health      | <input type="checkbox"/> Local Government       |
| <input type="checkbox"/> Small Business      | <input type="checkbox"/> Student     | <input type="checkbox"/> Veteran                |

Please be certain to answer every question. For questions that require additional explanation, please attach a separate sheet, and reference the question number with your answer.

**13.**     Yes     No    Are you a citizen of the United States? If not, please list country.

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**14.**     Yes     No    Have you or your immediate family been affiliated (as an officer, owner, director, trustee, partner, advisor, or consultant) with any institutions (corporations, firms, partnerships, business enterprises, nonprofit organizations, etc.) within the past five years which might present a potential conflict of interest or appearance of conflict of interest with your requested appointment? If yes, please explain.

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## APPOINTMENT APPLICATION

15.  Yes  No Do you own real property, personal property, financial holdings, or receive income from any source which might present a potential conflict of interest or appearance of conflict of interest with your requested appointment? If yes, please explain.
16.  Yes  No Have you ever been convicted of a violation of any federal, state, county or municipal law, regulation or ordinance (including driving under the influence of alcohol or drugs)? If yes, please explain.
17.  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.
18.  Yes  No Have you filed federal and state income tax returns for the past seven years? If no, please explain.
19.  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 explain.
20.  Yes  No Have you ever been terminated from a position or employment, or disciplined or cited for a breach of ethics or unprofessional conduct by, or been the subject of a complaint to any administrative agency, professional association, disciplinary committee or other professional group? If yes, please explain.
21.  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.
22.  Yes  No Have you been publicly identified, in person or by organizational membership, with a particularly controversial national, state or local issue? If yes, please explain.
23.  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.
24.  Yes  No Have you ever had any association with any person or group or business venture which could be used, even unfairly, to impugn or question your character and qualifications for the requested appointment? If yes, please explain.

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## APPOINTMENT APPLICATION

25.  Yes  No Have you ever been a member of any organization which you believe is relevant to the appointment you are seeking? If yes, please explain.
26.  Yes  No Are you presently or have you ever been a registered national, state, or local lobbyist? If yes, please explain.
27.  Yes  No Have you ever written any particularly controversial books or articles? If yes, please explain.
28.  Yes  No Are you presently on partial or full retirement or have you applied for same? If yes, please explain in full detail.

**INSTRUCTIONS:** Original signatures are required. Once the form is complete, please sign and return to the Senate Rules Committee Appointments Unit.

## AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize any person or other entity in possession of information regarding any of the following to release that information to the California Senate Committee on Rules:

Education  
Driver's License Record  
Employment  
Military Service  
California State Summary Criminal History Information  
Economic Interests as reported in my Statement of Economic Interests

I authorize the California Senate Committee on Rules to use information obtained pursuant to this release for any purpose relating to the Legislature's review and deliberation concerning my nomination to public office, including, but not limited to, its use by Members and staff in preparation for, and during, committee hearings and other public debate on the floor of either house of the Legislature.

This authorization is valid for one year following the date of the signature below.

(Signed) \_\_\_\_\_ (Date) \_\_\_\_\_

## ATTESTATION

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for appointment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure appointment shall be grounds for rejection of this application or for immediate removal if I am appointed, regardless of the time elapsed before discovery.

(Signed) \_\_\_\_\_ (Date) \_\_\_\_\_