TO ALL PERSONS INTERESTED
In applying for a Board, Commission, Committee or Council position with the County of Riverside:

Thank you for your interest in being considered for an appointment to a position by the Supervisor V. Manuel Perez.

Please complete and return this form. Your compliance with the following special instructions in completing the application for is appreciated.

1. The information requested should be typed or hand printed in the spaces provided. Please accurately describe the position(s) sought. You may explain your answers to particular questions by use of attachments, numbered accordingly.

2. The application form must be signed, dated and completed in full. You may also augment your application by attaching your resume.

3. Your completed application form and all attachments should then be submitted to:

   Supervisor V. Manuel Perez
   Riverside County Fourth District
   73-710 Fred Waring Drive, Suite 222
   Palm Desert, CA 92260-2574

   Or

   District4@RivCo.org
1. CIRCLE ONE:  DR.  MR.  MRS.  MS.

FIRST  MIDDLE  LAST

2. POSITION SOUGHT/AREAS OF INTEREST:
   a) ________________________________________________________________
   b) ________________________________________________________________

3. DRIVER’S LICENSE # _________________________________  4. DATE OF BIRTH _________________________________

5. SEX _____ M _____ F

6. RESIDENCE ADDRESS _________________________________

   CITY ___________________________  STATE ___________________________  ZIP ___________________________

7. PREFERRED PHONE (_____ ) ____________________________

8. EMAIL _________________________________

9. BUSINESS TITLE _________________________________

10. COMPANY _________________________________

11. WORK ADDRESS _________________________________

   CITY ___________________________  STATE ___________________________  ZIP ___________________________

12. ARE YOU A REGISTERED VOTER? _____ YES _____ NO  13. COUNTY _________________________________

14. RECENT WORK EXPERIENCE:________________________

   EMPLOYER _________________________________  TITLE/TYPE OF BUSINESS _________________________________  CITY/STATE _________________________________  DATE FROM _________________________________  DATE TO _________________________________

   _________________________________

   _________________________________

   _________________________________

15. EDUCATIONAL HISTORY:________________________

   COLLEGE / GRADUATE SCHOOL (LOCATION) _________________________________  FROM ___________  TO ___________  DEGREE _________________________________  MAJOR _________________________________

   _________________________________

   _________________________________

   _________________________________
16. PLEASE LIST PROFESSIONAL LICENSES AND CERTIFICATES:

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17. LIST ALL ORGANIZATIONS AND SOCIETIES OF WHICH YOU ARE CURRENTLY A MEMBER:

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18. ____ YES _____ NO Have you ever been affiliated (as an officer, owner, director, trustee, partner, advisor or consultant) with any institutions (corporations, firms, partnerships, business enterprises, non-profit 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.

19. ____ 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.

20. ____ YES _____ NO Do you have a spouse who is currently an employee or appointee of the County of Riverside? If so, what is the entity, location and title?

21. ____ YES _____ NO Have you ever been convicted of a violation of any federal, state, county or municipal law, regulation or ordinance? If yes, please explain.

22. ____ YES _____ NO Are you currently under federal, state or local investigation for possible violation of a criminal law or ordinance? If yes, please explain.

23. ____ 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 explain.

24. ____ YES _____ NO Have you ever been involved in civil litigation, or administrative or legislative proceedings of any kind, as a plaintiff, defendant, respondent, witness or party in interest? If yes, please explain.

25. ____ 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 attack your character and qualifications for the requested appointment? If yes, please explain.

26. ____ YES _____ NO Do you know anyone who might take any steps, overtly or covertly, to attack your appointment? If yes, please explain.

27. ____ YES _____ NO Is there anything in your background which, if made known to the general public through your appointment, would cause an embarrassment to the Board of Supervisors? If yes, please explain.
28. If you answered yes to any of the questions above, please explain (attach additional pages as needed).

29. Please explain why you would like to serve as one of Supervisor Perez’ appointees (attach additional pages as needed).

30. Please attach a copy of your U.S. Passport or your state issued driver’s license and be prepared to furnish a social security card upon request.

31. PLEASE SIGN AND DATE FORM

AUTHORIZATION AND RELEASE

I understand that in connection with this application for appointment an extensive investigation of my business and personal background may be conducted. I hereby authorize the release of any and all information pertaining to me or businesses 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 which may result from furnishing the information requested.

DATE: ________________________  BY: _____________________________________

APPLICANT SIGNATURE