

# County of Riverside

RIVERSIDE OFFICE  
4080 Lemon Street, 5<sup>th</sup> Floor  
Riverside, CA 92502-1647  
(951) 955-1040  
Fax (951) 955-2194



DISTRICT OFFICE & MAILING ADDRESS  
73710 Fred Waring Drive, Suite 222  
Palm Desert, CA 92260-2574  
(760) 863-8211  
Fax (760) 863-8905

## **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 Board of Supervisors and Supervisor Roy Wilson.

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 Roy Wilson  
73-710 Fred Waring Drive, Suite 222  
Palm Desert, CA 92260-2574

(760) 863-8211 Telephone  
(760) 863-8905 Fax



17. EDUCATIONAL HISTORY:

COLLEGE / GRADUATE SCHOOL (LOCATION)	FROM	TO	DEGREE	MAJOR
_____				
_____				

18. PLEASE LIST PROFESSIONAL LICENSES AND CERTIFICATES:

CERTIFICATE	DATE ISSUED	CERTIFICATE	DATE ISSUED
a) _____		c) _____	
b) _____		d) _____	

19. LIST ALL ORGANIZATIONS AND SOCIETIES OF WHICH YOU ARE CURRENTLY A MEMBER:  
NAME OF ORGANIZATION FROM (DATE)

_____	
_____	
_____	

- 20.  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.
  
- 21.  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.
  
- 22.  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?
  
- 23.  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.
  
- 24.  YES  NO      Are you currently under federal, state or local investigation for possible violation of a criminal law or ordinance? If yes, please explain.
  
- 25.  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.

26. \_\_\_\_ 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.

27. \_\_\_\_ 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.

28. \_\_\_\_ YES \_\_\_\_ NO

Do you know anyone who might take any steps, overtly or covertly, to attack your appointment? If yes, please explain.

29. \_\_\_\_ 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.

30. PLEASE EXPLAIN WHY YOU WISH TO SERVE AS ONE OF SUPERVISOR WILSON'S APPOINTEES.

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