

County of Riverside

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



DISTRICT OFFICE/MAILING OFFICE:
78-015 Main Street Ste. 205
La Quinta, CA 92253
(760) 863-8211
Fax (760) 863-8905

SUPERVISOR V. MANUEL PEREZ **FOURTH DISTRICT**

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
78-015 Main Street, Suite 205
La Quinta, CA 92253

Or

District4@RivCo.org

BOARD OF SUPERVISORS APPLICATION FORM

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:

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

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

- 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