

**OFFICE OF THE STATE TREASURER
EXECUTIVE OFFICE
915 CAPITOL MALL, ROOM 110
SACRAMENTO, CA 95814**

**PHONE (916) 653-2995
FAX (916) 653-3125**



1. Mr. _____
Mrs. _____
Ms. _____ Last _____ First _____ Middle _____

2. Position(s) appointed to or sought:

3. Birthdate:

4. Driver's License #:

5. Social Security #:

6. Ethnicity: (optional)

7. Gender:

8. Name of Spouse:

8a. Maiden Name:

9. Are you a registered voter? Yes No County:

Please indicate party affiliation:

10. Who is your State Senator? Assembly Member?

11. Occupation:

12. Residence:

City County State Zip

Phone () Cell Phone ()

Please list all other residences during the past five years on a separate sheet of paper.

13. Employer:

Address:

City County State Zip
Phone ()

Fax ()

Type of business:

Title and occupation:

Supervisor's name and phone number:

Dates of employment:

Please list all other employment during the past ten years on a separate sheet of paper.

14. Please list licenses held pertaining to the desired position(s) sought.

License Date Secured
(mo/yr)

15. Educational History:

College/Graduate School From To Degree/Major
(mo/yr) (mo/yr)

16. List all professional organizations and societies of which you have been a member:

Organization/Society	From (mo/yr)	To (mo/yr)
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If additional space is needed, please attach a separate piece of paper.

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

Advanced Technology	Agriculture	Attorney
Education	Environment	Financial Institution
Health	Veteran	Local Government
Insurance	Labor	
Small Business	Student	

Other (specify):

18. Yes No Are you a citizen of a country other than the United States? If so, please specify the country.

For questions 19-36, please attach a separate piece of paper for all explanations and supplementary information.

19. 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.

20. Yes No Do you own real property, personal property, or financial holdings which might present a potential conflict of interest or appearance of conflict of interest with your appointment? If yes, please explain.

21. Yes No 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 \$250 or more was imposed, or any violation of driving under the influence of alcohol and/or drugs)? 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 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.
24. Yes No Have you ever been delinquent in child support payments? If yes, please explain.
25. Yes No Have you filed federal and state income tax returns for the past five years? If no, please explain.
26. 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.
27. Yes No 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.
28. Yes No Do you have a spouse who is currently an employee or appointee of the State of California? If yes, what is the entity, location, and title?
29. Yes No Have you ever been a registered lobbyist or have you lobbied at any level of government during the past five years? If yes, please explain.
30. 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.
31. Yes No Have you ever been a member of any organization which you believe is relevant to the appointment you are seeking?
32. Yes No Have you ever written any books or articles? If yes, please explain.
33. Yes No Have you ever had an association with any person or group or business venture which could be used, even unfairly, to impugn or question your character or qualifications for the requested appointment? If yes, please explain.
34. Yes No Do you know of anyone who might take any steps to overtly obstruct your appointment? If yes, please explain.
35. Yes No Is there anything in your background which, if made known to the general public through your appointment, would cause embarrassment to you and/or the Office of the Treasurer? If yes, please explain.

36. Yes No Are you presently on partial or full employment disability or retirement or have you applied for same? If yes, please explain in full detail.

37. Please explain why you wish to serve in this capacity:

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 Office of the State Treasurer:

- *Education
- *Credit Record
- *Employment
- *Military Service
- *Medical History
- *Drivers License Record
- *California State Summary Criminal History Information
- *Economic interest as reported in my Statement of Economic Interest

Check box if you wish to receive a copy of your credit report

I authorize the Office of the State Treasurer to use information obtained pursuant to this release for any purpose relating to the Office’s review and deliberation concerning my nomination to public office.

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

(Signed) _____ (Date)

Form date: May 2016