

COUNTY OF RIVERSIDE

District Office: French Valley
37600 Sky Canyon Drive, #505
Murrieta, CA 92563
(951) 955-1030 – Fax (951) 677-0669

Michelle DeArmond, Chief of Staff
E-Mail: D3Email@rivco.org
www.SupervisorChuckWashington.com



Riverside Office:
4080 Lemon Street, 5th Floor
Riverside, CA. 92501
(951) 955-1030 – Fax (951) 955-2194

Hemet Office:
43950 Acacia Ave, Suite A
Hemet, CA. 92544
(951) 955-1030 – Fax: (951) 692-3182

Supervisor Chuck Washington Third District

TO ALL PERSONS INTERESTED In applying for a Board, Committee, or Commission within Riverside County:

Thank you for your interest in being considered for an appointment to a position by Supervisor Chuck Washington.

Please complete and return this form. Your compliance with the following special instructions in completing the application 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 Chuck Washington
Riverside County Third District
37600 Sky Canyon Drive, #505
Murrieta, CA 92563

Or

Sarrodr@rivco.org

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1. Title: _____

2. _____
First Middle Last

3. Position sought/areas of interest:

a. _____

b. _____

4. Driver's license # _____

4. Date of birth _____

5. Sex: _____ M _____ F

6. Residence address: _____

City: _____ State: _____ Zip: _____

7. Preferred phone: (____) _____

8. Email: _____

9. Are you employed?: _____ Yes _____ No, retired _____ No, unemployed

10. If employed, please fill out the following information:

a. Place of employment: _____

b. Business title: _____

c. Work address: _____

City: _____ State: _____ Zip: _____

11. Are you a registered voter?: _____

12. In which County? : _____

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12. Recent work experience:

Company Name	Address	City	State	Zip
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Job Title	Employed From – To
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Company Name	Address	City	State	Zip
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Job Title	Employed From – To
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Company Name	Address	City	State	Zip
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Job Title	Employed From – To
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13. Education:

Place of Education	Attended From – To	Degree Obtained
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Place of Education	Attended From – To	Degree Obtained
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Place of Education	Attended From – To	Degree Obtained
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14. Professional Licenses/Certificates

Certificate	Date Issued
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Certificate	Date Issued
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15. Organizations/societies of which you are currently a member:

Name From (Date):

Name From (Date):

Name From (Date):

Name From (Date):

PLEASE ANSWER THESE QUESTIONS (EXTRA SPACE IS PROVIDED ON THE NEXT PAGE)

16. _____ 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 below.

17. _____ 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 below:

18. _____ 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?

19. _____ Have you ever been convicted of a violation of any federal, state, county or municipal law, regulation or ordinance? If yes, please explain below.

20. _____ Are you currently under federal, state or local investigation for possible violation of a criminal law or ordinance? If yes, please explain below.

21. _____ 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 below.

22. _____ 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 below.

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23. _____ 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 below.

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

25. _____ 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 below.

26. If you answered yes to any of the questions above, please explain (attach additional pages as necessary):

27. Please explain why you would like to serve as one of Supervisor Washington's appointees (attach additional pages as necessary):

28. 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.

29. 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.

SIGNATURE: _____

DATE: _____