



State of California
Office of the Attorney General

ROB BONTA
ATTORNEY GENERAL

APPOINTMENT APPLICATION FORM

Attorney General's Office of Appointments
Address: 1300 I Street, Sacramento, CA 95814
Email: AttorneyGeneral.Appointments@doj.ca.gov

1. BOARDS OR COMMISSIONS

Check here if applying to be re-appointed

1. _____
2. _____
3. _____

2. PERSONAL INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Gender Identity (optional): _____ (e.g., female, male, nonbinary, etc.)

Birth Date _____ Ethnicity (optional) _____

Political Party Affiliation _____

Are you a United States Citizen? Yes No
Country of Citizenship (if other than U.S.) _____

Are you registered to vote? Yes No
County in which you are registered to vote _____

3. CONTACT INFORMATION

Current Residence (Number, Street, Apt. #) _____ City _____ Zip _____ County _____

Home Phone Number _____ Cell Number _____ Email address _____

4. RESIDENT HISTORY

If you have lived at your current residence for less than five years, please continue to list of all residences for the past 5 years.

| | | | |
|---|------|-----|------|
| Previous Address (Number, Street, Apt. #) | City | Zip | Date |
|---|------|-----|------|

| | | | |
|---|------|-----|------|
| Previous Address (Number, Street, Apt. #) | City | Zip | Date |
|---|------|-----|------|

| | | | |
|---|------|-----|------|
| Previous Address (Number, Street, Apt. #) | City | Zip | Date |
|---|------|-----|------|

5. CURRENT EMPLOYMENT

| | |
|------------------|--------------------|
| Current Employer | Professional Title |
|------------------|--------------------|

| | | | |
|--|------|-----|--------|
| Business Address (Number, Street, Suite #) | City | Zip | County |
|--|------|-----|--------|

Business Phone Number

6. EMPLOYMENT HISTORY

1.

| | |
|-------------------|------------|
| Previous Employer | City/State |
|-------------------|------------|

| | | |
|--------------------|------------|------------------------|
| Professional Title | Supervisor | Duration of Employment |
|--------------------|------------|------------------------|

2.

| | |
|-------------------|------------|
| Previous Employer | City/State |
|-------------------|------------|

| | | |
|--------------------|------------|-----------------------------|
| Professional Title | Supervisor | Duration of Employment Date |
|--------------------|------------|-----------------------------|

3.

| | |
|-------------------|------------|
| Previous Employer | City/State |
|-------------------|------------|

| | | |
|--------------------|------------|-----------------------------|
| Professional Title | Supervisor | Duration of Employment Date |
|--------------------|------------|-----------------------------|

7. HIGHER EDUCATION

Please provide your complete educational history starting with the most recent. Dates can be approximate. (Leaveblank if there is no history.)

1.

| | | |
|--------------------|------------|--------------------|
| College/University | City/State | Years Completed |
| Major | Degree | Date of Completion |

2.

| | | |
|--------------------|------------|--------------------|
| College/University | City/State | Years Completed |
| Major | Degree | Date of Completion |

3.

| | | |
|--------------------|------------|--------------------|
| College/University | City/State | Years Completed |
| Major | Degree | Date of Completion |

8. PROFESSIONAL LICENSES OR CERTIFICATES

| | |
|-------------|-----------------------|
| Description | (Issued - Expiration) |
| Description | (Issued - Expiration) |
| Description | (Issued - Expiration) |

9. QUALIFICATIONS/SPECIALTIES

Many positions require the appointment of persons with special background and experience. Please indicate belowthose categories for which you may qualify.

- | | | |
|--|---|--|
| <input type="checkbox"/> Advanced Technology | <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Religious/Clergy |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Higher Education | <input type="checkbox"/> Technical Support |
| <input type="checkbox"/> Business | <input type="checkbox"/> Human or Civil Rights | <input type="checkbox"/> Utilities/Energy |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Labor | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Consumer/Privacy | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Economist | <input type="checkbox"/> Local Government | Please specify: |
| <input type="checkbox"/> Engineer | <input type="checkbox"/> Policing/Racial Equity | _____ |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Researcher | _____ |

10. CIVIC ACTIVITIES

List organizations, societies, boards or commissions of which you are *currently* a member.

| | | |
|------|----------------|--------------|
| Name | Contact Number | Member Since |
|------|----------------|--------------|

| | | |
|------|----------------|--------------|
| Name | Contact Number | Member Since |
|------|----------------|--------------|

| | | |
|------|----------------|--------------|
| Name | Contact Number | Member Since |
|------|----------------|--------------|

11. SUPPORT/RECOMMENDATIONS

List the people and organizations that support your appointment. You may also attach up to 3 letters of recommendation.

| | | |
|------|-------------------|----------------|
| Name | Affiliation/Title | Contact Number |
|------|-------------------|----------------|

| | | |
|------|-------------------|----------------|
| Name | Affiliation/Title | Contact Number |
|------|-------------------|----------------|

| | | |
|------|-------------------|----------------|
| Name | Affiliation/Title | Contact Number |
|------|-------------------|----------------|

| | | |
|------|-------------------|----------------|
| Name | Affiliation/Title | Contact Number |
|------|-------------------|----------------|

12. SPOUSE INFORMATION

| | | |
|------------|----------------|-----------|
| First Name | Middle Initial | Last Name |
|------------|----------------|-----------|

| | |
|------------------|--------------------|
| Current Employer | Professional Title |
|------------------|--------------------|

| | | | |
|--|------|-----|--------|
| Business Address (Number, Street, Suite #) | City | Zip | County |
|--|------|-----|--------|

| |
|-----------------------|
| Business Phone Number |
|-----------------------|

13. BACKGROUND INFORMATION

Please be sure to answer every question. For all answers requiring an explanation, identify the question number and supply answers on a separate document.

| | | |
|----|---|---|
| A. | <input type="checkbox"/> <input type="checkbox"/> Yes No | Have you ever been affiliated in any capacity with any institutions within the past five years that might present a potential conflict of interest or appearance of conflict of interest with your requested appointment? If yes, please explain. |
| B. | <input type="checkbox"/> <input type="checkbox"/> Yes No | Do you own real property, personal property or have financial holdings that might present a potential conflict of interest or appearance of conflict of interest with your requested appointment? If yes, please explain. |
| C. | <input type="checkbox"/> <input type="checkbox"/> Yes No | Are you or have you ever been a registered lobbyist? If yes, please explain. |
| D. | <input type="checkbox"/> <input type="checkbox"/> Yes No | Are you currently under federal, state or local investigation for possible violation of a criminal law, regulation or ordinance? If yes, please explain. |
| E. | <input type="checkbox"/> <input type="checkbox"/> 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. |
| F. | <input type="checkbox"/> <input type="checkbox"/> 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. |
| G. | <input type="checkbox"/> <input type="checkbox"/> 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. |
| H. | <input type="checkbox"/> <input type="checkbox"/> Yes No | Have you ever been publicly identified, in person or by organizational members, with a particularly controversial national, state or local issue? If yes, please explain. |
| I. | <input type="checkbox"/> <input type="checkbox"/> Yes No | Have you ever submitted oral or written views to any government authority or the news media on any particularly controversial national, state or local issue, other than in an official government capacity? If yes, please explain. |
| J. | <input type="checkbox"/> <input type="checkbox"/> Yes No | Have you ever written any particularly controversial books or articles? If yes, please explain. |
| K. | <input type="checkbox"/> <input type="checkbox"/> Yes No | Do you know anyone or any group that might raise questions about your character and qualifications for your requested appointment? If yes, please explain. |
| L. | <input type="checkbox"/> <input type="checkbox"/> Yes No | Is there anything in your background that, if made known to the general public through your appointment, would cause embarrassment to you, or the Attorney General? If yes, please explain. |

14. PERSONAL STATEMENT

Please explain why you would like to serve as an appointee of Attorney General Rob Bonta.

15. BIOGRAPHY / CURRICULUM VITAE (CV) / RESUME

Please attach one or more of the following. Indicate by checking box below.

- Biography
- Curriculum Vitae (CV)
- Resume

16. ADDITIONAL ATTACHMENTS

I have attached the following additional items with my application.

- Letter/s of Recommendation (Please indicate quantity)
- Background Information Explanation
- Other (Please specify)

17. AUTHORIZATION AND RELEASE

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

Signature

Date