

# COUNTY OF RIVERSIDE

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

Joe Pradetto, Chief of Staff  
E-Mail: [D3Email@rivco.org](mailto:D3Email@rivco.org)  
[www.SupervisorChuckWashington.com](http://www.SupervisorChuckWashington.com)



**Riverside Office:**  
4080 Lemon Street, 5<sup>th</sup> 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 email**

[AnMares@rivco.org](mailto:AnMares@rivco.org)

**BOARD OF SUPERVISORS APPLICATION FORM PAGE 1**

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? : \_\_\_\_\_



**BOARD OF SUPERVISORS APPLICATION PAGE 2**

12. Recent work experience:

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

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

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Certificate	Date Issued
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Certificate	Date Issued
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**BOARD OF SUPERVISORS APPLICATION PAGE 3**

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

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Name From (Date):

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Name From (Date):

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Name From (Date):

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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.

**BOARD OF SUPERVISORS APPLICATION PAGE 4**

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. If you are appointed, do you consent to making the following information public record: name, address, phone number and email?

29. Please attach a copy of your U.S. Passport or your state issued driver's license.

**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: \_\_\_\_\_