



CALIFORNIA  
DEPARTMENT OF  
EDUCATION

**TOM TORLAKSON**  
STATE SUPERINTENDENT OF PUBLIC INSTRUCTION

### Appointments Application Form

**Directions:** Please type or clearly print information. Return original to:

Dianna Gutiérrez, Education Programs Consultant  
Office of Chief Deputy  
California Department of Education  
1430 N Street, Suite 5602  
Sacramento, CA 95814

#### Applicant Information

First	Middle	Last
Driver's License or Identification Card #: _____		
Date of Birth: _____		
If married, name of spouse: _____		
Residence Address: _____		

City	County	State	Zip
Phone: _____	Fax: _____	E-mail: _____	_____

Sex: Male  Female   
 Are you registered to vote? Yes  No

#### Business Information

Business Title: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_

City	County	State	Zip
Phone: _____	Fax: _____	E-mail: _____	_____
Pager: _____	Cellular: _____	Emergency #: _____	_____
Facebook: _____	Twitter: _____	Web site: _____	_____

#### Appointment(s) Sought

1) \_\_\_\_\_  
 2) \_\_\_\_\_  
 3) \_\_\_\_\_

#### Optional Information

Party Affiliation: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_

Please attach resume.  
California Department of Education – April 17, 2012

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

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2. 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 that might present a potential conflict of interest with your requested appointment? If yes, please explain.

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3. Yes  No  Are you currently or have you ever been involved in civil litigation, undergone investigation, or been convicted of a violation of any federal, state, county or municipal law, regulation, or ordinance? (Traffic violation for which a fine of less than \$100 was imposed should not be included.) If yes, please explain.

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4. 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.

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5. Yes  No  Have you ever been disciplined, cited, or a subject of a complaint for a breach of ethics or unprofessional conduct by any court, administrative agency, or other professional group? If yes, please explain.

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6. 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.

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7. Yes  No  Have you ever written any books or articles? If yes, please list titles and provide a brief description.

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8. 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 Superintendent of Public Instruction? If yes, please explain in full detail.

**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 California Department of Education.

- Education
- Employment
- Driver's License Record
- California State Summary Criminal History Information

I authorize the California Department of Education to use information obtained pursuant to this release for any purpose relating to the Department of Education's review and deliberation concerning my nomination to public office, including, but not limited to, its use by the State Superintendent of Public Instruction and Department of Education.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_