

Position sought:

Public Member

Industry Member

Professional licensure information

List all licenses you have ever held or currently hold with the CFB:

Type	License Number	Expiration
Funeral Director	_____	_____
Embalmer	_____	_____
Cremated Remains Disposer	_____	_____
Cemetery Manager	_____	_____
Cemetery Broker/Salesperson	_____	_____
Crematory Manager	_____	_____

Related experience

Indicate the number of years in which you have had significant experience in current and past occupations.
(Mark all that apply)

- | | | |
|----------------------------------|-------------------------|-------------------------------------|
| _____ Cemetery Manager | _____ Insurance Sales | _____ Hospice |
| _____ Cemetery Operations | _____ Embalming | _____ Funeral Arranging/Counseling |
| _____ Cemetery Sales | _____ Coroner Employee | _____ Crematory Manager |
| _____ Preneed Sales | _____ Consumer Advocacy | _____ Crematory Operator |
| _____ Protection/Law Enforcement | | _____ Funeral Establishment Manager |

Other (please explain):



Current business or professional address and information

Professional title:

Business firm/office name:

Business address:

Business phone:

Business email:

Dates of employment:

From:

To:

Summary of job duties:



Organizations and society memberships (use additional pages if necessary)

None

Name:

Title:

Active member?

Yes No

If no, please provide dates of involvement: From:

To:

Details:

Name:

Title:

Active member?

Yes No

If no, please provide dates of involvement: From:

To:

Details:



Military service

Not Applicable

Branch:

Rank:

State of service:

Service dates:

From:

To:

Additional information

Have you ever served on a board, commission, committee, or council for the Department of Consumer Affairs OR other California state agency?

Yes No

If yes, please provide the name of the agency/agencies and the time period you served in this capacity:

Have you ever been a registered lobbyist, or have you lobbied at any level of government?

Yes No

If yes, please explain and include the time period you served in this capacity:

Have you ever been formally disciplined, 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?

Yes No

If yes, please explain:



Have you ever been involved in civil litigation or administrative or legislative proceedings of any kind, either as plaintiff, defendant, respondent, witness, or party of interest?

Yes No

If yes, please explain:

Have you ever been convicted of a violation of any federal, state, county, or municipal law, regulation, or ordinance (do not include traffic violations for which a fine of \$500 or less was imposed)?

Yes No

If yes, please explain:

Are you currently under federal, state, or local investigation for possible violation of a criminal law or ordinance?

Yes No

If yes, please explain:

Have you ever run for political office, served on a political committee, or been identified publicly with a particular political organization, candidate, or issue?

Yes No

If yes, please explain:

Do you know anyone who might take any steps to oppose your appointment?

Yes No

If yes, please explain:



Is there anything in your background that, if made know to the general public through your appointment, would cause an embarrassment to you, the Cemetery and Funeral Bureau, Department of Consumer Affairs, or the administration?

Yes No

If yes, please explain:

Do you own real property, personal property, financial holding, or receive income from any source related to the position that you are applying for that may present a potential conflict of interest or appearance of conflict of interest?

Yes No

If yes, please explain:

Please provide a brief statement on why you would like to serve on the Advisory Committee. Attach additional pages, if necessary.

Yes No

If yes, please explain:



CEMETERY AND FUNERAL BUREAU

1625 North Market Blvd., Suite S-208, Sacramento, CA 95834

P (916) 574-7870 | F (916) 928-7988 | www.cfb.ca.gov



I certify, under penalty of perjury, under the law of the state of California, that the information presented above is complete, true, and correct to the best of my knowledge and belief. I understand that, if I am selected, I would serve at the pleasure of the Chief of the Department of Consumer Affairs Cemetery and Funeral Bureau. Further, if selected, I understand that I will be required to complete a Volunteer Service Agreement and an Oath of Allegiance.

Signature: Date:

Name (Print):