

**Background Disclosure Form**

Should you be considered for Sikh Gurdwara San Jose Parbandhak Committee position, you must fill out this Background Disclosure Form and submit with the Election Nomination Form. Failure to disclose background information truthfully and correctly will result in disqualifying a candidate from the election process.

1. Have you ever been convicted of a crime (any country)? Yes No

If yes, give details on the space below. All felony and misdemeanor convictions and all convictions in state and

federal court are criminal convictions and must be disclosed. Disclosure of such convictions is required even if

you did not spend any time in jail and/or were not required to pay a fine. Show for each offence: (1) Date of

conviction; (2) charge convicted of; (3) Court and location; (4) Action taken.

2. Have you ever been a party, in any capacity, of domestic violence? Yes No

If yes, give details on the space below.

3. Has there ever been an allegation sustained against you in civil court or a government agency (IRS, INS,

USPS, SSA, etc) alleging fraud, misrepresentation, deceit, or forgery?

If yes, give details on the space below. Yes No

4. Are you now under charges for any offence against the law? Yes No

If yes, give details on the space below.

I swear and affirm that statements made in this application are true, complete, and correct to the best of my knowledge and belief. Any false statements made will result in dismissal from the election process and removal from the Parbandhak Committee after election. Signing this form constitutes my consent and authorization to the Election Committee to conduct background check.

Name (Print First, MI, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State and Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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