
INFORMATIONAL DATA

FOR

BOARD APPOINTMENTS



 Date Completed

1. Name: _____
 MR./MRS./MS. LAST FIRST MIDDLE/MAIDEN

2. Residence Address: _____
 STREET CITY COUNTY

POST OFFICE BOX CITY STATE ZIP CODE HOME PHONE NUMBER

EMAIL ADDRESS CELL PHONE NUMBER

3. Board of Interest: _____

4. Current Employer and Occupation: _____

5. Are you a United States citizen? Yes No If "No" explain:

If you are a naturalized citizen, date of naturalization: _____

6. How long have you continuously resided at the address listed above in question 2? _____

7. Education

A. High School: _____ Year Graduated: _____

B. College: _____ Year Graduated: _____

(NAME AND LOCATION)

8. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

EMPLOYER'S NAME & ADDRESS TYPE OF BUSINESS OCCUPATION/JOB TITLE PERIOD OF EMPLOYMENT

9. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes No If "Yes", list:

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes No If "Yes", list:

D. Identify all association memberships and association offices held by you that relate to this appointment:

10. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives.

<u>NAME</u>	<u>MAILING ADDRESS</u>	<u>ZIP CODE</u>	<u>AREA CODE/PHONE NUMBER</u>
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11. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes No If "Yes", explain:

12. If required by law or administrative rule, will you file financial disclosure statements? Yes No

Signature of Applicant