NEW MEXICO DEPARTMENT OF HEALTH

BOARDS AND COMMISSIONS
APPLICATION QUESTIONNAIRE

Please print the following information:

FULL NAME: _____ COUNTY OF RESIDENCE: _____

BIRTHPLACE: _____ MARITAL STATUS: _____

PHONE: CELL: _____ LAND LINE: _____

EMAIL ADDRESS: _____

SPOUSE'S FULL NAME: _____

SPOUSE'S OCCUPATION: _____

List all your places of residence by street address, city, state and zip code for the past 10 years.

_____

_____

_____

Membership Category (check one):

☐ People with I/DD, their Families and support networks

☐ Direct care staff

☐ Providers (representation from each region and diverse types of providers)

☐ Self Advocacy Organizations

☐ Advocacy Organizations

☐ Other Organizations, please clarify _____

If more space is needed for any question, please add the information on a separate sheet. Please identify the applicable question number.

1. If you were born outside the United States, please describe the basis for your citizenship or permanent residency in the U.S.

_____

_____

2. Please list all of the schools you have attended, beginning where you graduated from high school and include the approximate dates of attendance and degrees earned.

_____

_____

_____

3. (a) Are you a veteran of the armed services? _____ If yes, were you honorably discharged? _____ Please explain below if not honorably discharged.

_____

_____

b) Were you ever subject to a court-martial? _____

4. Have you ever been a candidate for any local, state or federal political office? _____
If the answer is yes, please list positions and, if elected, the dates of service.

Position   Dates of Service

_____

_____

5. Have you ever been appointed to any paid or unpaid local, state or federal position?_____ If the
answer is yes, please list the position, dates of service and by whom you were appointed.

Position   Dates of Service   Appointed by

_____

_____

6. Have you ever been employed or retained by any candidate, political party, political action committee
or non-profit entity engaged in public advocacy during the previous ten years? If the answer is yes, please
provide the names below.

_____

_____

7. Have you ever received payment as a lobbyist or legislative agent?_____If the answer is yes, please
provide the name of the entity or entities you represented below.

_____

_____

8. Please list any licensed professional or occupational membership affiliation.

_____

_____

9. (a) Please describe any formal or informal arrangement you have made with any person or business
enterprise with respect to future employment.

_____

_____

   (b) describe any termination payments or financial benefits that you will receive upon leaving your
current employment, or thereafter, during the two years following your departure.

_____

_____

10. At the present time, are you an officer, director, partner, majority shareholder, managing member or
holder of a substantial interest in any corporation, partnership or other business entity?_____If the
answer is yes, please list the name and your relationship to the entity.

_____

_____

11. Do you, your spouse, or any business in which you or your spouse hold 10% or more of the stock or membership interests, have any relationship with any federal, state, or local governments or Indian nation?_____If the answer is yes, please describe below.

_____

_____

12. Are you aware of any ongoing investigations by any federal, state or local authority involving you or your spouse or any business or entity that you own or substantially control, or in which you or your spouse have more than a 5% interest?_____If the answer is yes, please describe below.

13.   Have you, your spouse or any business entity that you own or control been subject to a fine of more than $500 by any federal, state or local government entity?_____If the answer is yes, please describe below.

_____

_____

14. a) Have you filed all federal and state tax returns that are now due or overdue? _____
     b) Have all tax payments, fines, penalties and interest been paid in full and/or otherwise settled with the taxing authority?_____If the answer is no, please describe below.

_____

_____

15. Has a tax lien or other collection procedure ever been initiated against you or your spouse by federal, state or local authorities?_____ If so, describe the circumstances and the resolution of the matter.

_____

_____

16. Have any civil judgements or liens been rendered against you?_____If the answer is yes, please describe below.

_____

_____

17. Have you or any entity in which you held an interest every filed a bankruptcy petition, or has a bankruptcy petition been filed against you?_____If the answer is yes, please describe below.

_____

_____

18. Have you ever been charged with a DWI or DUI or any other criminal offense, not including traffic citations?_____If so, when?_____Please describe the offense and outcome.

_____

_____

19. Please list any allegations of sexual harassment made against you, and the final resolution of the matter.

_____

_____

_____

20. Please list any allegations of workplace misconduct made against you, including any and all written or verbal reprimands, suspensions and/or notices of termination by your employer.

_____

_____

21. Please provide names, addresses and telephones numbers of two personal references.

Name   Address   Telephone Contact Number

_____

_____

22. Are there any specific designated requirements to this appointment (e.g. age requirement, professional license or position requirement, or any other statutory or constitutional specification)?___ If the answer is yes, please describe below.

_____

_____

23.   a) Are you a registered voter? _____
      b) If the answer to (a) is yes, what is your political party designation? _____
      c) Have you changed your political party designation in the past 180 days? _____
      d) If the answer to (c) is yes, please provide the date of the change. _____

I hereby declare that the foregoing is true and correct.

      Print Name:_____

      Signature:_____

      Date:_____