



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

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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

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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.

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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.

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

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

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(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.

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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.

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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.

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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.

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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.

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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.

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

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

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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.

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

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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.

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

Name	Address	Telephone Contact Number
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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.

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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: \_\_\_\_\_