



EXECUTIVE APPOINTMENTS INTEREST FORM

Check this box if this is for reappointment



This form is an application for an Oregon Board or Commission. Please fill it out completely and return it to the Governor's Office. If you have any questions feel free to call the Executive Appointments office at: (503) 378-2317.

Options to Return This Form:

Mail: Executive Appointments, Office of the Governor 900 Court St. NE Salem, OR 97301-4075

Use our secure fax number at: (503) 373-0840

Email a scanned copy to: executive.appointments@das.state.or.us

Board/Commission Appointment(s) Desired: (Please print or type)

(Board Name)

Position Requirements (If any)

(Board Name)

Position Requirements (If any)

(Board Name)

Position Requirements (If any)

First Name: _____ **MI:** _____ **Last Name:** _____

Preferred Name: _____ (Ex: Thomas -> Tom) **Title:** (Mr. Ms. Dr.) _____ **Suffix:** (Jr., PhD) _____

Preferred Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **County:** _____
(Ex: Linn, Marion, Multnomah)

Cell Phone: _____ **Work Phone:** _____ **Home Phone:** _____

Email Address: (Please print) _____

State Senate District #: _____ **State House District #:** _____ **Federal Congressional District #:** _____

(If unknown you can find this information at: <http://landru.leg.state.or.us/findlegsltr/home.htm> or call your county elections office)

To assist us in meeting our affirmative action objectives, we would appreciate information about your gender and background. This information is optional. Under state and federal law, this information may not be used to discriminate against you.

Gender: Male: Female:

Disability: _____

Race/Ethnicity: Asian/Pacific Islander | African American: | Hispanic: | Native American: | Caucasian: | Multi/Other:

IMPORTANT!

Please attach a resume including your work experience, educational background and any other experience relevant to this position. Also include a paragraph describing in detail why you wish to serve on this particular board or commission, and why you meet the requirements for appointment. You must also be an Oregon resident and taxpayer to participate.

EXECUTIVE APPOINTMENTS BACKGROUND INFORMATION

Furnishing the following information is voluntary, but failure to provide the requested data may preclude selection for appointment. The Governor's Office considers the information on this page to have been submitted in confidence pursuant to ORS 192.502(4). The Governor's Office will not release this page for public inspection unless required to do so. Information submitted on this Interest Form will be maintained confidential to the extent permitted by the Oregon Public Records Law.

The Governor's staff and the Oregon State Police may conduct a background investigation to obtain information about you. Please provide the following information and sign below to permit the investigation to be conducted. For an appointment to a state board or commission you are expected to comply with all income tax laws.

I hereby authorize the Oregon State Police and the Governor's Office to request and review any and all records pertaining to me on file with the Department of Revenue, the Motor Vehicles Division, law enforcement agencies, and past and present employers, employees, business associates, and acquaintances.

Signature (sign here) _____ **Date** _____

- a) Please provide any other names you have used or been known as : _____
- b) Are you legally authorized to work in the United States? Yes No
- c) Have you been disciplined, terminated or asked to resign from a position by an employer within the past 10 years? Yes * No
- d) Have you EVER been convicted, arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation (except minor traffic offenses with a fine of less than \$100.00)? Yes * No
- e) Have you ever filed for bankruptcy? Yes * No
- f) Have you ever held a professional license of any kind? Yes * No
- g) If you have held a professional license, have you ever had disciplinary action of any nature taken against you with regard to such license? Yes * No
- h) If you are appointed, is there anything in your background, not covered by questions (a)-(g) above, that might reflect poorly on the State of Oregon or on the Board or Commission to which you have applied, if known publicly? Yes * No

* If your answer to any of the above questions (c) - (h) is "yes," please give full details on the back of this page or a separate sheet of paper.

Legal Name and Home Address (no PO Box) (Please print or type)

First MI Last

Street

City State Zip

Disclosure of your Social Security number is voluntary. If provided, it may be used to verify your identity and to obtain your criminal history records, if any. Failure to provide your SSN for these purposes will delay processing your Interest Form.

Social Security Number _____ - _____ - _____ Driver's License Number _____ State _____

Date of Birth _____ / _____ / _____ Place of Birth _____
Month Day Year City State

Oregon Resident? Yes No If yes, how long have you lived in Oregon? _____

Home Phone: _____ Work Phone: _____ Email: _____