



APPLICATION FOR BOARDS AND COMMISSIONS
OFFICE OF THE GOVERNOR

Full Name: (Please print or type) Mr. Mrs. Dr. Ms.
Spouse's Name: Address City, State, ZIP Mr. Mrs. Dr. Ms.
Home: / () -
Office: / () -
Correspondence preference: Office Home FAX () -

Date of Birth: / / Place of Birth: SSN:

Gender: M F (circle one)
Caucasian
Hispanic
Black
Native American
Asian/pacific Islander

BOARDS/COMMISSIONS OF INTEREST:
(List according to preference)
1.
2.
3.

Political Affiliation: Legislative District:

CURRENT EMPLOYMENT: (Title & Company/Agency)

EDUCATION: (Including degrees completed)

Table with 4 columns: REFERENCES, Name, Business/Company/Agency, Phone Number. Contains 3 numbered rows for references.

AFFIRMATION OF ELIGIBILITY:

To your knowledge, have any formal charges of professional misconduct, criminal misdemeanor or a felony ever been filed against you in any jurisdiction?

Yes No If Yes, please attach explanation.

Is there any possible conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of Governor Hull? Or, other information that would embarrass the governor?

Yes No If so, please attach explanation.

I certify that the facts contained in this application are true and correct to the best of my knowledge. I have reviewed the statutory requirements governing the boards/commissions in which I have expressed an interest and confirm that I meet those requirements. I authorize investigation of all statements contained herein and references listed above to give you any and all information concerning my qualifications and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damages that may result from furnishing the same to you.

SIGNATURE

DATE

PLEASE ATTACH RESUMÉ