## APPLICATION FOR GUBERNATORIAL APPOINTMENT

## **Instructions**

Save the application to your computer before typing. If not enough space is provided for your answers, you may add an attachment. A resumé may also be attached. To send your application, click on the submit button on the last page. This will prepare an email with your application attached to Jessica Gingras, Director of Boards and Commissions. You may also attach other documents such as a resumé to this email. You will have an opportunity to review this email before sending.

**Attention MAC users:** By default, the application opens in PREVIEW mode on most Macs. The application must be opened instead with Adobe Reader™. Download the free Adobe Reader™ software here: http://www.adobe.com/products/reader.html

Any questions or concerns can be directed to:

Joanne Fleurrey, Executive Assistant
Dept of Disabilities, Aging and Independent Living
280 State Dr., Waterbury, VT 05671-2020
(802) 241-2401
joanne.fleurrey@vermont.gov

Name				
Year Round Resident?	Yes	No	Date of Birth	
Occupation:				
Home Mailing Address:				
Town of Residence:				
Business Address:				
Phone(s): Work:		Home:		Cell:
E-mail:				

Please list the names of the boards and /or commissions you are interested in serving on:

1)	Where are you currently employed?
2)	Have you ever been elected or appointed to public office, (including other boards or commissions)? Yes No  2a) If YES, please list and include dates:
3)	Please list association memberships:
4)	Have you been or are you now a registered lobbyist? Yes No 4a) If YES, please list the principals you represent(ed) and dates:
5)	Have you or members of your immediate family (spouse, domestic partner, child, parents, siblings) or businesses in which you or they have been an owner, officer, or employee, had any contractual or other direct dealings during the last four years with any government agency?  Yes No

	5a)	If YES, please explain:	
>			
6)	Have you held or do you hold an occupational or professional license or certificate in the State of Vermont or any other state? Yes No		
	Vermo	in of any other state. Tes	
	6a)	If YES, please note the type of license/certificate and the issuing authority:	
	6b)	If YES, have you ever had disciplinary action of any nature taken against you with regard	
	,	to such license? Yes No	
	(h1)	If VEC places provide full details.	
	6b1)	If YES, please provide full details:	
7)	If you	are applying for a public member slot on a licensing board, have you or members of your	
		iate family (spouse, domestic partner, child, parents, siblings) been a member of this	
	profess	sion or associated professions? Yes No	
	7a)	If YES, please explain:	
	,		
8)	Are yo	u able to attend daytime meetings? Yes No	
9)	Are vo	u able to spend time reading materials in preparation for meetings? Yes No	
,	. , 0	r r r r r r r r r r r r r r r r r r r	

10)	Is there anything else you think we should know about you, your background, or experiences?
11)	Please list three persons unrelated to you we can contact as a reference for your appointment, including name, occupation, address, email and phone number(s):
12)	Please provide a BRIEF bio about yourself. This bio may be used on a public website so please do not include any personal information.

13)	reflect poorly on the if known publicly?	State of V					
	13b) If YES, pleas	e explain:					
14)	Political affiliation balance):	(some statu	ntes creating	a board may	require this info	ormation to ensi	are

We may conduct a background investigation for certain board appointments as warranted. The Governor's Office considers the information we obtain to be confidential. The Governor's Office will not release this information for public inspection unless required to do so. Information submitted on this application will be confidential to the extent permitted by Vermont law.

I hereby authorize that my criminal record history and tax records be released to the Governor or the Governor's representative and certify that the information provided in this application is true, correct and complete to the best of my knowledge. I further authorize the disclosure of my application to the Vermont Senate should I be appointed to a position that requires the advice and consent of the Senate.

Your Full Name Today's Date

## **Electronic Signature**

Please check the referral source that best describes the way you	FIRST learned about the opportunity you are
applying for:	

Internet

News source. Please list:

Word of mouth. By whom?:

Other:

The following optional information is elicited in order to ensure that this administration considers the talent and creativity of a diverse pool of candidates. In addition, specific backgrounds for qualifications are legally required for appointment to some boards and commissions. You may, therefore, wish to provide this information in order to ensure that you are considered for relevant boards and commissions.

Race/Ethnicity: Gender: Age:

Military Service: Person with disability: