

APPLICATION FOR GUBERNATORIAL APPOINTMENT

Name:

Date of Birth:

Year Round Resident? Yes No

Occupation:

Home Mailing Address:

Town of Residence:

Business Address:

Phone(s): Work:

Home:

Cell:

E-mail:

Please feel free to attach a sheet if not enough space is provided for your answers. **A resumé should also be included. Please return this form and resumé to:**

**Governor's Council on Employment of People with Disabilities
Susan Spaulding, Director of Boards and Commissions
Office of the Governor
109 State Street, Montpelier, VT 05609
(802) 828-3333
susan.spaulding@state.vt.us**

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

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

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

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 immediate family (spouse, domestic partner, child, parents, siblings) been a member of this profession or associated professions? Yes No

7a) If YES, please explain:

8) Are you able to attend daytime meetings? Yes No

9) Are you able to spend time reading materials in preparation for meetings? Yes No

13) If you are appointed, is there anything about you not covered by the previous questions that might reflect poorly on the State of Vermont or on the Board or Commission to which you have applied, if known publicly? Yes No

13a) If YES, please explain:

14) Political affiliation (some statutes creating a board may require this information to ensure balance):

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: