

APPLICATION FOR GUBERNATORIAL APPOINTMENT TO A BOARD OR COMMISSION

Board or Commission for which you would like to be considered: Statewide Independent Living Council

(Please Print or Type)

Name, Address and Business Information

(Please Print or Type)

Name: (First, Middle, Last)		Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
Home Address:		Business Address:
Zip Code:		Zip Code:
Home Phone:		Business Phone:
Home Fax:		Business Fax:
Mobile Phone:		Current Employer:
E-mail:		Position:
House District:	Senate District:	

Personal Information:

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth:	Social Security No:
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Education and General Qualifications:

Level	Name of School	Location (City, State)	Did you Graduate?	Type Degree(s)	Year Graduation/ Degree Awarded	Major Course of Study
High School/GED						
College/Other						
Graduate/Postgrad.						

Licenses held (if applicable):

Special Skills and Qualifications:

Community Activities/Organizational Affiliations (current):

Declarations

Are you registered to vote in Tennessee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a citizen of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide written details.)	Are you a Permanent Resident of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a professional/occupational license revoked, or suspended as a result of disciplinary action? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there anything in your background that might become an embarrassment to you if it were to become public? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a current employee of the State of Tennessee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a current employee of the U.S. government? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you registered as a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please specify the groups you represent.)	Are you currently serving on a board or commission? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please list the board or commission.)

Diversity Information. The Governor desires broad representation on boards, representative of the entire State. The information below will assist in this goal and is voluntary on your part.

Ethnicity: (Of what race or ethnicity do you consider yourself to be?)

<input type="checkbox"/> Black/African-American	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Native American
<input type="checkbox"/> Latino/Hispanic	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Senior/Elder Citizen (60 yrs or older)	<input type="checkbox"/> Veteran of U.S. Armed Forces	<input type="checkbox"/> Gay, Lesbian, Bi-Sexual, Transgendered (GLBT)
<input type="checkbox"/> Person with Disabilities	<input type="checkbox"/> Young Adult (16-24 yrs)	<input type="checkbox"/> Other (please specify)

(Note: You should also attach a current resume or biographical sketch to this application form)

I certify that the facts and declarations contained in this application are true and correct to the best of my knowledge. I authorize investigation of all statements contained herein and any personal references that I may include, or later provide, to obtain any and all pertinent information.

Signature:

Date: