

# EXECUTIVE APPOINTMENTS INTEREST FORM

<i>office use only</i>			
ACK	_____	T	_____
SEC	_____	REV	_____

The purpose of this form is to assist the Governor and staff in evaluating the qualifications of an applicant for appointment to a board or commission. **Please complete the entire form and return to:**

*Tammera Hinshaw, Department of Public Safety Standards and Training,  
4190 Aunsville Hwy SE, Salem, OR 97317  
Phone (503) 373-1553 Fax (503) 378-3326*

## BOARD/COMMISSION APPOINTMENT(S) DESIRED

_____	_____
Board	Position Requirements, if any (as listed in Boards & Commissions Book)
_____	_____
Board	Position Requirements
_____	_____
Board	Position Requirements

## PERSONAL DATA

Preferred Mailing Address: Home  Business

Preferred Title \_\_\_\_\_ (e.g. Mr, Mrs, Ms, Dr, etc.)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Spouse/Domestic Partner's Name (optional) \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_ ext \_\_\_\_\_

Cell Phone (optional) (\_\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

*If the information below is unknown see <http://landru.leg.state.or.us/findlegsltr/findset.htm> or call your County Elections Office*

Name of your State Senator \_\_\_\_\_ Senate District # \_\_\_\_\_

Name of your State Representative \_\_\_\_\_ House District # \_\_\_\_\_

Name of your US Representative \_\_\_\_\_ Congressional District # \_\_\_\_\_

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.

<b>Gender</b>	<b>Race/Ethnicity</b>	<b>Disability</b>
<input type="checkbox"/> Male	<input type="checkbox"/> Asian or Pacific Islander	_____
<input type="checkbox"/> Female	<input type="checkbox"/> Black	
	<input type="checkbox"/> Hispanic	
	<input type="checkbox"/> Native American	
	<input type="checkbox"/> White	
	<input type="checkbox"/> Multiracial/Other	



## 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** (no electronic) \_\_\_\_\_ 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)

\_\_\_\_\_  
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: \_\_\_\_\_