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## Advisory Committee to the Director of Veterans' Affairs | Board Member

**My Information**      Application Questions 1 of 2      Application Questions 2 of 2      Voluntary Disclosures      Review

### My Information

\* Indicates a required field

How Did You Hear About Us? \*

Select One ▼

Have you previously served on a Board or Commission OR been employed by the State of Oregon at any time since January 1, 2019? \*

☐ Yes

☐ No

Country \*

United States of America ▼

### Legal Name

First Name \*

Middle Name

Last Name \*

I have a preferred name

☐

Save and Continue

## Address

Address Line 1 \*

Address Line 2

City \*

State \*

Postal Code \*

County \*

## Email Address

## Phone

Phone Device Type \*

Country Phone Code \*

Phone Number \*

Phone Extension

Save and Continue

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## Advisory Committee to the Director of Veterans' Affairs | Board Member

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### Application Questions 1 of 2

\* Indicates a required field

**Appointment type. \***

Select One ▼

If known, what is the position you are applying for? (for example, Registered Nurse, Position 4, Local Government Representative, etc.)

Please provide a short personal biography. (limit 500 words) \*

Why are you interested in serving on this board/commission? (limit 500 words) \*

How do you approach disagreements and resolve conflict with others? (limit 500 words) \*

What does diversity, equity and inclusion mean to you and how would you put this into practice if selected to serve on this board? (limit 500 words) \*

To which political party are you registered? Many boards are required by statute to have a balance of party affiliation (for example, more than half of the board members cannot be from the same political party). \*

Select One ▼

If not selected for this board, would you be interested in serving on a different board? There are many opportunities to serve on a Governor-appointed board. If you select Yes, you may be contacted by a Board Administrator or member of the Governor's Executive Appointments Team to discuss other options. \*

Select One ▼

To better assist us in meeting our affirmative action objectives, we would appreciate information about your personal background. This information is optional and is used for data collection only. Under state and federal law, this information may not be used to discriminate against you. Thank you for your participation.

To confirm your acknowledgement respond below.\*

Select One ▼

What is your Race/Ethnicity? \*

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Two or More Races
- ☐ White
- ☐ Prefer not to answer

Which of the following options best represents your gender identity? \*

Select One ▼

Do you experience a disability? \*

Select One ▼

Do you identify as LGBTQ+? \*

Select One ▼

Are you a U.S. Veteran and/or do you currently serve in the U.S. Military? \*


Select One ▼

In what year were you born? \*

Select One ▼

Do you belong to another protected class not listed here?

Please attach a copy of your resume. (must be in PDF format) \*



Drop files here

or [Select files](#)

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### Application Questions 2 of 2

\* Indicates a required field

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 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.

By submitting your application you are agreeing to the conditions above.

**Are you an Oregon resident? \***

**Please provide any other names you have used or been known as.**

**Are you legally authorized to work in the United States? \***

**Have you been disciplined, terminated or asked to resign from a paid or volunteer position within the last 10 years? \***

Have you ever been convicted, arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation (except for minor traffic offenses with a fine of less than \$1,000).\*

Select One

Have you ever filed for bankruptcy?\*

Select One

Have you ever held a professional license of any kind?\*

Select One

If you have held a professional license, have you ever had disciplinary action of any nature taken against you with regard to such license?

Select One

If you are appointed, is there anything in your background, not covered in the questions above, that might reflect poorly on the State of Oregon or on the Board or Commission to which you have applied, if known publicly?\*

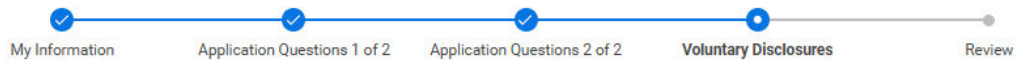
Select One

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### Voluntary Disclosures

\* Indicates a required field

#### Voluntary Disclosures - Boards & Commissions

The information requested below may be used for applicant tracking, statistical purposes to comply with federal reporting requirements and to gain other relevant information. Thank you for your participation.

Gender

Please choose your ethnicity \*

- ☐ American Indian or Alaska Native (United States of America)
- ☐ Asian (United States of America)
- ☐ Black or African American (United States of America)
- ☐ Hispanic or Latino (United States of America)
- ☐ I do not wish to answer. (United States of America)
- ☐ Native Hawaiian or Other Pacific Islander (United States of America)
- ☐ Two or More Races (United States of America)
- ☐ White (United States of America)

Please state whether you identify as Hispanic or Latino

#### Terms and Conditions

I hereby certify every statement I have made in this application is true and complete to the best of my knowledge. I understand any false or incomplete answer may result in rejection of my application, denial of employment, dismissal from state service if discovered after employment, and, in some circumstances, prosecution for a crime may be grounds for not employing me or for dismissing me after I begin work. Criminal records will be checked in accordance with applicable laws and rules. I understand I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand I may be required to verify any and all information given on this application. I understand this completed application is the property of the state of Oregon and will not be returned. I authorize the state of Oregon to contact prior employers, educational institutions, law enforcement agencies, and other relevant individuals and agencies. I understand I must update my contact information if I have any changes in my name, address, or phone number.

The use of outside resources such as Artificial Intelligence software during applicant skill assessments, examinations, or interviews is prohibited unless otherwise state by the hiring agency. Unauthorized use of outside resources during the hiring process will result in disqualification.

Yes, I have read and consent to the terms and conditions \*

☐

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## Congratulations!

Thank you for applying! Stay connected and keep track of your progress on your candidate home page.

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There are 1 or more tasks for the [REDACTED]  
[REDACTED] Board Member job that  
require your attention. Close this message to complete  
your next task.



The State of Oregon requires Board and Commission member applicants to supply their social security number for the purpose of background checks, and for those members appointed, to be put in the state's HR/Payroll system. Please complete this task with valid information to finish the application process. Only completed applications will be considered for appointment.

Please enter your Driver's License Number. \*

Please enter the issuing state on your Driver's License. \*

Please enter your Date of Birth. \*

Please enter your Social Security Number. (no dashes or spaces) \*



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OK

Cancel