

# EXECUTIVE APPOINTMENT INTEREST FORM INSTRUCTIONS

Please save your interest form to your desktop or in a folder on your computer for future use and revisions. Board members seeking reappointment check the box next to the word reappointment\*

There are 3 options to return your form to us; mail, fax, or via email.

Information provided in this application is subject to the Public Records Act and may be disclosed upon request. The personal information will be redacted.

**EXECUTIVE APPOINTMENTS INTEREST FORM**  
Check this box if this is for reappointment \*   
\*\*Please also include a résumé and statement of interest.\*\*

This form is an application for an Oregon Board or Commission. Please fill it out completely and return it to the Governor's Office. If you have any questions feel free to call the Executive Appointments office at: (503) 378-2317.

**Options to Return This Form:**  
Mail: Executive Appointments, Office of the Governor 900 Court St. NE Salem, OR 97301-4075  
Use our secure fax number at: (503) 373-0840  
Email a scanned copy to: executive.appointments@das.state.or.us

**Board/Commission Appointment(s) Desired: (Please print or type)**

Board Name: \_\_\_\_\_ Position Requirements (If any): \_\_\_\_\_  
Board Name: \_\_\_\_\_ Position Requirements (If any): \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ (Ex: Thomas > Tom) Title: (Mr, Ms, Dr, \_\_\_\_\_) Suffix: (jr, PhD) \_\_\_\_\_  
Occupation: \_\_\_\_\_ Select one:  Home  Work:

Preferred Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
(Ex: Marion, Multnomah; Not USA)

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: (Please print) \_\_\_\_\_

State Senate District #: \_\_\_\_\_ State House District #: \_\_\_\_\_ Federal Congressional District #: \_\_\_\_\_  
(You can find this information at: <http://handru.leg.state.or.us/findlegdist/home.htm> or call your county elections office. This is your home voting 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.

Gender: Male:  Female:  Disability: \_\_\_\_\_  
Race/Ethnicity: Asian/Pacific Islander  African American:  Hispanic:  Native American:  Caucasian:  Multi/Other:

**IMPORTANT!**  
Attach a résumé with your work and educational background and any other experience relevant to this position. Your statement of interest should include a paragraph describing in detail why you wish to serve on this particular board or commission, and why you meet the requirements for appointment. You must be an Oregon resident to apply unless otherwise noted. Please review your information to ensure accuracy.

\* Did you remember to include your resume, statement of interest, and sign your background form?

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## Board/Commission Desired

Enter the name of the board or commission you are interested in along with the position required. For example, Mechanical Board – Heating/Frost Insulation position.

Occupation What you do for work or career.

Select your preferred mailing address:

Home  or Work

Complete your **title, first name, middle initial, last name,** and **suffix** followed by your mailing address. City State Zip Code and County (Not USA. Multnomah, Marion, Lane, etc.)

Enter your **cell, work,** and **home** phone numbers where we can reach you and your **email address.**

Include Your **Senate, House,** and **Congressional** districts. This is your home voting district. Not sure? Click on the link in the form and input your address. <https://www.oregonlegislature.gov/> **Find My Legislators** - bottom right corner.

## Affirmative Action Items

Gender, Disability, & Race

This information is helpful to ensure we are providing equal representation to our boards and commissions.

## Background Information

**IMPORTANT** Please complete the following attached page as required (sign, last 4 of SSN and driver's license or ID number). This information is used only for background/revenue checks and is not included when reviewing your interest form. This instruction page is for your reference only.

Remember to include your **résumé** and **statement of interest** why you would like to be a part of your desired board. A **bio** is required for boards requiring senate confirmation.

**Reappointments,** must also include a **statement of interest;** a brief paragraph of 300-400 words is sufficient. **Résumés** should also be included even if there are no changes.

Once the form is complete, print, sign it, and review your form to ensure the information is accurate and complete. Mail or email your interest form to Boards & Commissions. Do not send documents separately!

Questions? Feel free to call us at (503) 378-2317, and thank you again for your willingness to serve!

**All candidates are subject to background checks!**



# EXECUTIVE APPOINTMENTS INTEREST FORM



Check this box if this is for reappointment \*

**\*\*Please also include a résumé and statement of interest.\*\***

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### Options to Return This Form:

**Mail:** Executive Appointments, Office of the Governor 900 Court St. NE Salem, OR 97301-4075

**Do Not Send Information in a Zip File**

**Email a scanned copy to:** executive.appointments@oregon.gov

**Note:** This application is subject to the Public Records Act and may be disclosed upon request. Personal information will be redacted.

### Board/Commission Appointment(s) Desired: (Please print or type)

\_\_\_\_\_  
(Board Name) \_\_\_\_\_  
Position Requirements (If any)

\_\_\_\_\_  
(Board Name) \_\_\_\_\_  
Position Requirements (If any)

**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_ **Last Name:** \_\_\_\_\_

**Preferred Name:** \_\_\_\_\_ (Ex: Thomas -> Tom) **Title:** (Mr. Ms. Dr.) \_\_\_\_\_ **Suffix:** (Jr.,PhD) \_\_\_\_\_

**Occupation:** \_\_\_\_\_ (Select one) **Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Preferred Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **County:** \_\_\_\_\_

(Ex: Marion, Multnomah, Coos, Lane.....Not USA)

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Email Address: (Please print)** \_\_\_\_\_

**State Senate District #:** \_\_\_\_\_ **State House District #:** \_\_\_\_\_ **Federal Congressional District #:** \_\_\_\_\_

(This is your home voting district. Click here <https://www.oregonlegislature.gov/findyourlegislator/leg-districts.html> - or call your county elections office. )

To assist us in meeting our affirmative action objectives, we would appreciate information about your gender identity and 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.

**Gender Identity:** \_\_\_\_\_ **LGBTQ:**  **Disability:** \_\_\_\_\_

**Race/Ethnicity:** African American/Black: \_\_\_\_\_ American Indian/Alaskan Native: \_\_\_\_\_ Asian: \_\_\_\_\_ Caucasian/White: \_\_\_\_\_  
**Select One** Hispanic/Latino: \_\_\_\_\_ Native Hawaiian/Pacific Islander: \_\_\_\_\_ Multi/Other: \_\_\_\_\_

### IMPORTANT (Please Read)!

***A résumé detailing your work, educational background, and relevant experience is required. For boards requiring senate confirmation, a short bio is also required highlighting key career and personal/professional community activities. A statement of interest describes why you wish to serve, and why you meet the requirements for appointment. You must be an Oregon resident to apply unless otherwise noted. Please review your information to ensure accuracy.***

**\* Did you remember to include your Bio, Resume, Statement of Interest, and sign your disclosure form?**



## 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 (sign here) \_\_\_\_\_ 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  N/A
- 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 or type)

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

Please provide a response to all questions. Do not leave any spaces blank.