



# OREGON DEPARTMENT OF AGRICULTURE

## Oregon Beef Council Commissioner Application & Qualification Form 1

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

**Fill out with computer. Print to sign page 3. Scan to submit your complete form via email. Or, use postal mail.**

- **Email:** [Commissions@oda.state.or.us](mailto:Commissions@oda.state.or.us)
- **Mail:** ODA Commodity Commission Oversight Program, 1207 NW Naito Parkway, #104, Portland OR 97209
- All fields must be complete for your application to be considered.

### All Applicants -- Please check if this is an application for reappointment

You must include a position number available at: <a href="https://oda.direct/commissions">https://oda.direct/commissions</a>					
Applicant Position # _____	<input type="checkbox"/> Beef Producer	<input type="checkbox"/> Beef Handler	<input type="checkbox"/> Beef Feeder	<input type="checkbox"/> Dairy Producer	<input type="checkbox"/> Public
<p><b>Oregon Beef Council</b> members serve from specific occupations defined as follows:</p> <p><b>Beef Producers</b> raise, breed or grow cattle or calves for beef production.</p> <p><b>Dairy Producers</b> are engaged in the production of fluid milk on a dairy farm.</p> <p><b>Handlers</b> are actively engaged in processing, slaughtering, handling or marketing cattle.</p> <p><b>Feeders</b> are actively engaged in feeding cattle and usually operating a feedlot.</p> <p>A <b>Public member</b> is a person not associated with producing, feeding or handling cattle who has an active interest in the positive economic development of the beef industry.</p>					

Applicant Legal Name			
Business Name			
Occupation/Your Title		Years in this field	
<b>Provide all information below. <u>Only</u> check boxes for the mailing address and phone you prefer we use.</b>			
<input type="checkbox"/> Business Address	City	State	Zip
<input type="checkbox"/> Business Phone	<input type="checkbox"/> Business Cell Phone		
<input type="checkbox"/> Home Address	City	State	Zip
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Home Cell Phone		
E-mail			
County(ies)of Business		County of Home	
United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Oregon Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently serving on a state board or commission other than this one? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list: _____			

### Beef Producer, Dairy Producer or Handler Applicants Only

Have you been actively engaged as a beef or dairy producer or a handler for at least five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you derive a substantial proportion of your income from the type of production or business related to the position you are applying for on the <b>Oregon Beef Council</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Per ORS 577.220, please list all organizations that represent the beef production or business, or public service organizations, in which you have held memberships and the number of years. <i>Have more to list? Add them to question #2 on the next page.</i>	
	Years
	Years
	Years



# OREGON DEPARTMENT OF AGRICULTURE

## Oregon Beef Council Commissioner Application & Qualification Form 2

<b>OREGON BEEF COUNCIL</b>	Position # _____	<input type="checkbox"/> Beef Producer	<input type="checkbox"/> Handler	<input type="checkbox"/> Feeder	<input type="checkbox"/> Dairy Producer	<input type="checkbox"/> Public
Applicant Legal Name						

### Public Members Only

Are you directly associated with the production or handling of the commodity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain how (feel free to attach an additional page if necessary):		

### All Applicants — To assist us, provide the following information:

1. Your professional background:
2. If you want to continue from the first page, please list any additional agricultural organizations you belong to whose central mission is relevant to the Oregon's beef industry, your role, and number of years involved:
3. Ranching, farming, marketing, research or educational experiences:
4. Years of relevant work experience:
5. Type of production or processing practice and any innovative practices:
6. Previous and/or current government service:
7. ORS 577.220 requires commissioners to have an "active interest in the development of the beef industry in Oregon." Please explain your active interest:



# OREGON DEPARTMENT OF AGRICULTURE

## Oregon Beef Council Commissioner Application & Qualification Form 3

### All Applicants

<b>OREGON BEEF COUNCIL</b>	Position # _____ <input type="checkbox"/> Beef Producer <input type="checkbox"/> Handler <input type="checkbox"/> Feeder	<input type="checkbox"/> Dairy Producer	<input type="checkbox"/> Public
Applicant Legal Name			

**Please answer the following questions:**

1. Have you ever been convicted of any criminal offense or violation (except for minor traffic offenses?)  Yes\*  No
2. 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
3. If you are appointed, is there anything in your background that might reflect poorly on the State of Oregon or on the Oregon Beef Council, if known publicly?  Yes\*  No  
*\*If you answer "yes" to any of questions 1-3, give full details on a separate sheet of paper.*
4. If appointed you will be required to complete training on State of Oregon policies, including but not limited to the mandatory training on sexual harassment and discrimination prevention policies. Will you be willing to complete this training?  Yes  No\*

*\*If you answer "no" to question 4, please use a separate sheet of paper to explain.*

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

**Race/Ethnicity:** (Select one)

- |   |   |
|---|---|
| <input type="checkbox"/> African American/Black         | <input type="checkbox"/> Hispanic/Latino                  |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian                          | <input type="checkbox"/> Multi/Other                      |
| <input type="checkbox"/> Caucasian/White                |   |

**Gender Identity:** \_\_\_\_\_ **LGBTQ:**  **Disability:** Yes  No

**Please print, sign and date. Return form via email or postal mail. See information on page 1.**

By signing this form, I hereby state that all information provided by me on this form and on any attachments is true to the best of my knowledge and I will accept appointment if selected by the ODA Director.

Legal Signature:	Date:
Printed Legal Name:	
<p><b>Americans with Disabilities Act (ADA):</b> This information is available in alternative formats. Call 503-872-6600.  <b>The Oregon Department of Agriculture's Commodity Commission program provides equal opportunity to all applicants without regard to race, color, sex, national origin, religion, age, disability or genetic information.</b></p>	

THIS AREA FOR DEPARTMENT USE ONLY (1/2020)

Initial and date: \_\_\_\_\_

Application: *Incomplete*

Meets Qualifications: *Accepted* *Denied*

- Appointed to Commission*  
 *Not appointed to Commission*

\_\_\_\_\_  
 Director's Signature/date