



OREGON DEPARTMENT OF AGRICULTURE

Commodity Commission Application & Qualification Form

All Applicants -- Check appropriate boxes and type your answers to the questions.

Commission Name	Position # _____ <input type="checkbox"/> Producer <input type="checkbox"/> Handler <input type="checkbox"/> Public member
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 Commission to which you have applied, 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, provide the following information:

1. Your professional background:
2. List agricultural or commercial fishing organizations you're involved with whose central mission is relevant to the specific commodity, your role, and number of years involved:
3. Farming, commercial fishing, marketing, research or educational experiences:
4. Years of relevant work experience:
5. Type of production or processing practice and any innovative practices:

Continues on next page.



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All Applicants -- Type your answers. Save your application. Print it. Sign and date it. Send it.

Commission	Position # _____ <input type="checkbox"/> Producer <input type="checkbox"/> Handler <input type="checkbox"/> Public member
Applicant Legal Name	

Background, continued:

6. Previous and/or current government service:

7. **ORS 576.225 requires commissioners to have an “active interest in the positive development and economic growth”** of Oregon’s agriculture and commercial fishing industries. Please describe your goals for your specific commodity.

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 affirm that all information provided by me on this form 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:	

American with Disabilities Act (ADA): This information is available in alternative formats. Call 503-872-6600.
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.

THIS AREA FOR ODA USE ONLY (1/2020)

Commodity Commission Program review.

Initial and date _____

Application: *Incomplete*

Meets Qualifications: *Accepted Denied*

Appointed to Commission

Not appointed to Commission

Director’s Signature/date