



# OREGON DEPARTMENT OF AGRICULTURE

## Oregon Wheat Commission Application & Qualification Form

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>		
<b>OREGON WHEAT COMMISSION</b>	Position # _____	<input type="checkbox"/> Producer <input type="checkbox"/> Handler <input type="checkbox"/> Public member
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: _____		

Applicant Legal Name			
Business Name			
Occupation/Your Title		Years in this field	
<b>Provide all information below. <u>Only</u> check boxes for the preferred 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	

### Wheat Producer Applicants Only

Per ORS 578.040(2), have you been actually engaged in growing wheat in Oregon for at least the previous 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please check the appropriate box(es) below to indicate in which area(s) of Oregon you reside and farm.	
<input type="checkbox"/> Umatilla, Morrow, Gilliam, Sherman, Wasco and/or Jefferson counties	<input type="checkbox"/> A county or counties east of the Cascade Mountains
<input type="checkbox"/> A county or counties west of the summit of the Cascade Mountains	

### Wheat Handler Applicants Only

Are you an owner or an employee of a business that is engaged in the handling or processing of wheat produced in Oregon with an active interest in the positive economic development of the wheat industry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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### 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):



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<b>OREGON WHEAT COMMISSION</b>	Position # _____ <input type="checkbox"/> Producer <input type="checkbox"/> Handler <input type="checkbox"/> Public member
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 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 organizations you belong to whose central mission is relevant to wheat, your role, and number of years involved:
3. 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:

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Applicant Legal Name	

7. Per ORS 578.040(1), explain your "ability and disposition to serve the state's interest" and your knowledge of the state's natural resources:

8. **Public members only:** Per ORS 578.040(3) describe your "active interest in the positive economic development of the wheat industry."

**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:	

**Americans 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 DEPARTMENT USE ONLY (1/2020)*

Program Initial/date: \_\_\_\_\_

Application:  Incomplete

Meets Qualifications:  Accepted     Denied

Appointed to Commission

Not appointed to Commission

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