

EXECUTIVE APPOINTMENTS INTEREST FORM



Please check if this is an application for reappointment \Box

This form is an application for an Oregon Board or Commission. To complete your application packet, return this form to the Governor's Office, along with your resume, a statement of interest and a bio. You must be an Oregon resident to apply unless otherwise noted. Please contact the Executive Appointments office at (503) 378-6829 if you have any questions.

Options to Return Application Packet:

Mail: Executive Appointments, Office of the Governor 900 Court Street NE, Suite 254, Salem, OR 97301-4075

	d/Commission Appointment(s)	Desired: (Please prin	t or type)
(Board Name)		(Position)	
(Board Name)		(Position)	
(Board Name)		(Position)	
First Name:	MI:Last Name:		
Preferred Name:	(Ex: Thomas -> Tom)	Title: (Mr. Ms. Dr.)	Suffix: (Jr.,PhD)
Permanent Address:			
City:	State: Zip Code: (USA):
Cell Phone:	Work Phone:	Home Phone:	
Email Address: State Senate District #: This is your residential voting district. Cli To better assist us in meeting our affirm.		deral Congressional Dis	trict #:
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Email Address: State Senate District #: This is your residential voting district. Cli To better assist us in meeting our affirm optional and is used for data collection coarticipation. Gender Identity:	State House District #: Fect here - https://www.oregonlegislature.gov/fict here action objectives, we would appreciate infinity. Under state and federal law, this information	deral Congressional Distindyourlegislator/leg-districts.htm formation about your gender ider on may not be used to discrimina Disability: erican Indian/Alaskan Na	trict #: or call your county elections office. Itity and background. This information te against you. Thank you for your

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 **Legal Name and Home Address** (no PO BOX): Middle First Street City State Zip Code *Please provide a response to all questions* *If your answer to any of the below questions is YES, please give full details on a separate sheet of paper* Please provide any other names you have used or been known as: a) b) Are you legally authorized to work in the United States? Yes □No □ Have you been disciplined, terminated or asked to resign from a position by an employer within the past 10 c) vears? Yes □* No □ Have you EVER been convicted, arrested, detained, charged, indicted or summoned to answer for any criminal d) offense or violation (except minor traffic offenses with a fine of less than \$100.00)? Yes \square * No \square Have you ever filed for bankruptcy? Yes □* No □ e) Have you ever held a professional license of any kind? Yes \square^* No \square f) If you have held a professional license, have you ever had disciplinary action of any nature taken against you g) with regard to such license? Yes \square * No \square N/A \square 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 □ Disclosure of the last four digits 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. Last 4 Digits of SSN: _____ Driver's License Number: ____ State: _____ State: _____

Oregon Resident: Yes ☐ No☐ If yes, how long have you lived in Oregon? _____