



**APPLICATION FOR BOARDS AND COMMISSIONS
OFFICE OF THE GOVERNOR**

Full Name: _____ **Mr. Mrs. Dr. Ms.**
(please print or type) (please circle one)

Spouse's Name: _____ **Mr. Mrs. Dr. Ms.**

Home: _____ / _____ () _____ - _____
Address City, State, Zip Phone

Office: _____ / _____ () _____ - _____

Email Address: _____ **FAX () _____ - _____**

Correspondence preference: Office Home Upon recommendation you will be asked to provide a Social Security number.

Date of Birth: ___/___/___ **Place of Birth:** _____

Political Party _____ **Legislative District** _____ **Referred by:** _____

Ethnicity (please check one)	
African-American _____	Latino _____
Asian/Pacific Islander _____	Native American _____
Caucasian _____	Other _____
Gender: Male [] Female []	

BOARDS/COMMISSIONS OF INTEREST
(List according to preference)

1. _____
2. _____
3. _____

CURRENT EMPLOYMENT: (Title & Company/Agency) _____

EDUCATION: (Including degrees completed) _____

REFERENCES:

1. _____
(Name) (Business/Company/Agency) (Phone Number)
2. _____
3. _____

AFFIRMATION OF ELIGIBILITY:

In accordance with A.R.S. 38-201, every state officer shall not be less than eighteen years of age, a citizen of the United States and a resident of this state. Do you meet these requirements?

Yes ___ No ___ If Yes, please attach explanation.

Have you ever been arrested or to your knowledge, have any formal charges of professional misconduct, criminal misdemeanor or a felony ever been filed against you in any jurisdiction?

Yes ___ No ___ If Yes, please attach explanation.

Is there any possible conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of Governor Brewer? Or, other information that would embarrass the governor?

Yes ___ No ___ If so, please attach explanation.

I certify that the facts contained in this application are true and correct to the best of my knowledge. I have reviewed the statutory requirements governing the board/commissions in which I have expressed an interest and confirm that I meet those requirements. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my qualifications and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damages that may result from furnishing the same to you.

SIGNATURE: _____

DATE: _____

PLEASE ATTACH RÉSUMÉ