

**EXECUTIVE APPOINTMENTS
INTEREST FORM**

The purpose of this form is to assist the Governor and staff in evaluating the qualifications of an applicant for appointment to a board or commission. Please complete the entire form and return to:

*Charlene Barber, DPSST- 4190 Aumsville Hwy SE. Salem, OR 97317
Phone (503) 378-2043 Fax (503) 378-3330*

BOARD/COMMISSION APPOINTMENT(S) DESIRED

Board _____	Position Requirements, if any (as listed in Boards & Commission Book) _____
Board _____	Position Requirements _____
Board _____	Position Requirements _____

PERSONAL DATA

Preferred Mailing Address: Home Business

Preferred Title _____ (e.g. Mr., Mrs., Ms, Dr, etc.)

First Name _____ MI _____ Last Name _____

Home Address _____

City _____ State _____ Zip _____ County _____

Spouse's Name (optional) _____

Business Name _____

Address _____

City _____ State _____ Zip _____ County _____

Occupation _____

Home Phone (____) _____ Business Phone (____) _____

Cell Phone (optional) _____ E-mail address _____

Some appointments are subject to confirmation by the Oregon State Senate. One area of inquiry will be whether you or your Spouse/domestic partner may have a conflict of interest between private life and public service.

I will accept appointment if selected by the Governor and if appointed; I pledge my best efforts to resolve, before assumption of office, any conflicts of interest that would be inconsistent with my responsibilities as a gubernatorial appointee.

Signature _____

Date _____

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 (no electronic) _____ **Date** _____

- (a) Please provide any other names you have used or been known as: _____
- (b) Are you legally authorized to work in the United States? Yes No
- (c) Have you been disciplined, terminated or asked to resign from a position by an employer within the past 10 years? Yes* No
- (d) Have you ever been convicted, arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation (except minor traffic offenses with a fine of less than \$100.00)?
- (e) Have you ever filed for bankruptcy? Yes* No
- (f) Have you ever held a professional license of any kind? Yes* No
- (g) 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
- (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

* If your answer to any of the above questions (c) – (h) is "yes" please give full details on the back of this page or use a separate sheet of paper.

Legal Name and Home Address (no P.O. Box) (Please Print)

First	MI	Last
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Street

City	State	Zip
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Disclosure 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.

Social Security Number _____ - _____ - _____ Driver's License Number _____ State _____

Date of Birth _____/_____/_____ Place of Birth _____
Month Day Year

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

Home Phone: _____ Work Phone: _____ Email: _____