



## Application for Gubernatorial Appointment

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix: Ms.  Mrs.  Mr.

Date of Birth:   00/00/0000   Email Address: \_\_\_\_\_

Phone:   000-000-0000   Mobile Phone:   000-000-0000  

Town of Residence: \_\_\_\_\_

Year-Round Resident: Yes:  No:

### **Mailing Address:**

Street Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ *(format: 00000 or 00000-0000)*

Occupation: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Board/Commission Name:**

(Indicate the name of the board or commission that you are interested in being appointed to)

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Have you ever been elected or appointed to public office (including other boards or commissions)?

Yes:  No:

Please list association memberships:

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Have you ever held or do you hold an occupational or professional license or certificate in the State of Vermont or any other State?

Yes:  No:

Have you been or are you now a registered lobbyist?

Yes:  No:

Have you or members of your immediate family\*\* or business in which you or they have been owner, officer or employee had any contractual or other direct dealings during the last 4 years with any government agency?

Yes:  No:  \*\*Immediate family includes: spouse, domestic partner, child, parent, siblings

If you are applying for a public member slot on a licensing board, have you or members of your immediate family\*\* been a member of this profession or associated professions?

Yes:  No:  \*\*Immediate family includes: spouse, domestic partner, child, parent, siblings



**References:**

Please list three people unrelated to you that we can contact as a reference for your appointment. Please include name, occupation, address, email and phone number(s).

- 1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you able to attend daytime meetings?

Yes:  No:

Are you able to spend time reading materials in preparation for meetings?

Yes:  No:

Is there anything else that you think that we should know about you, your background or experiences?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are appointed, is there anything about you that is not covered by the previous questions that might reflect poorly on the State of Vermont or on the Board or Commission to which you have applied, if know publicly?

Yes:  No:

**Political Affiliation:**

Democrat:

Independent:

Republican:

Other:

Some statutes creating a board may require this information to ensure balance.

**How did you FIRST learn about the opportunity that you are applying for?**

Internet:

News Source:

Word of Mouth:

Other:

**Diversity:**

The following optional information is elicited in order to ensure that this administration considers the talent and creativity of a diverse pool of candidates. In addition, specific backgrounds for qualifications are legally required for appointment to some boards and commissions. You may, therefore, wish to provide this information in order to ensure that you are considered for relevant boards and commissions.

Race/Ethnicity: \_\_\_\_\_

Gender: \_\_\_\_\_

Age: \_\_\_\_\_

**Military Service:**

Yes:  No:

**Person with Disability:**

Yes:  No:

**Authorization and Attestation:**

*We may conduct a background investigation for certain board appointments as warranted. The Governor's Office considers the information that we obtain to be confidential. The Governor's Office will not release this information for public inspection unless required to do so. Information submitted on this application will be confidential to the extent permitted by Vermont Law.*

I hereby authorize that my criminal record history and tax records be released to the Governor or the Governor's representative and certify that the information provided is true, correct and complete to the best of my knowledge. I further authorize the disclosure of my application to the Vermont Senate should I be appointed to a position that requires the advice and consent of the Senate.

**Your Full Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_