

APPLICATION FOR GUBERNATORIAL APPOINTMENT TO A BOARD OR COMMISSION

Board or Commission for which you would like to be considered: State Rehabilitation Council

(Please Print or Type)

Name, Address and Business Information

(Please Print or Type)

Name: (First, Middle, Last)		Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	
Home Address:		Business Address:	
Zip Code:		Zip Code:	
Home Phone:		Business Phone:	
Home Fax:		Business Fax:	
Mobile Phone:		Current Employer:	
E-mail:		Position:	
House District:	Senate District:		

Personal Information:

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth:	Social Security No:
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Education and General Qualifications:

Level	Name of School	Location (City, State)	Did you Graduate?	Type Degree(s)	Year Graduation/ Degree Awarded	Major Course of Study
High School/GED						
College/Other						
Graduate/Postgrad.						

Licenses held *(if applicable)*:

Special Skills and Qualifications:

Community Activities/Organizational Affiliations *(current)*:

Declarations

Are you registered to vote in Tennessee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a citizen of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, provide written details.)</i>	Are you a Permanent Resident of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a professional/occupational license revoked, or suspended as a result of disciplinary action? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there anything in your background that might become an embarrassment to you if it were to become public? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a current employee of the State of Tennessee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a current employee of the U.S. government? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you registered as a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please specify the groups you represent.)</i>	Are you currently serving on a board or commission? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please list the board or commission.)</i>

Diversity Information. *The Governor desires broad representation on boards, representative of the entire State. The information below will assist in this goal and is voluntary on your part.*

Ethnicity: (Of what race or ethnicity do you consider yourself to be?)

<input type="checkbox"/> Black/African-American	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Native American
<input type="checkbox"/> Latino/Hispanic	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Other <i>(please specify)</i>
<input type="checkbox"/> Senior/Elder Citizen <i>(60 yrs or older)</i>	<input type="checkbox"/> Veteran of U.S. Armed Forces	<input type="checkbox"/> Gay, Lesbian, Bi-Sexual, Transgendered (GLBT)
<input type="checkbox"/> Person with Disabilities	<input type="checkbox"/> Young Adult <i>(16-24 yrs)</i>	<input type="checkbox"/> Other <i>(please specify)</i>

(Note: You should also attach a current resume or biographical sketch to this application form)

I certify that the facts and declarations contained in this application are true and correct to the best of my knowledge. I authorize investigation of all statements contained herein and any personal references that I may include, or later provide, to obtain any and all pertinent information.

Signature:

Date: