

## **APPLICATION FOR GUBERNATORIAL APPOINTMENT**

Please submit completed application and resume to: Rose Lucenti, Chair of the GCEPD @ rose.lucenti@gmail.com and Katie Franco Executive Coordinator @ Katie.Franco@vermont.gov

Applicant Information					
Full Name:			Dot	0.	
ruii Naille.	Last	First	Dat M.I.	e:	
Address:	Street Address			Anartmant/I lait #	
	Street Address			Apartment/Unit #	
	City		State	ZIP Code	
Phone:		Email			
i none.		Linaii			
Current					
Employer/P	osition				
Business					
Address:	Street Address				
	Street Address				
	-				
	City		State	ZIP Code	
Please list	the name(s) of the boa	ards and/or commissions you a	re interested in serving on	:	
	`,	·	J		
Have you	var baan alaatad ar ay	nnaintad ta muhlia affica (inalua	ling other beards or comm	rianiana)?	
nave you e	ver been elected or ap	ppointed to public office, (includ	ning other boards or comin	iissions)?	
Yes	No 🔲				
If v	es, please list and inclu	de dates:			
y	, p. 6.666				

Please list association memberships:		
Have you been or are you now a registered lobbyist? Yes No		
If yes, please list the principals you represent (ed) and dates:		
Have you or members of your immediate family (spouse, domestic partner, child, parents, siblings) or business		
in which you or they have been an owner, officer, or employee, had any contractual or other direct dealings		
during the last four years with any government agency?		
Yes No		
If yes, please explain:		
Have you held or do you hold an occupational or professional license or certificate in the State of Vermont or any other state?		
Yes No		
If yes, please note the type of license/certificate and the issuing authority:		
If yes, have you ever had disciplinary action of any nature taken against you regarding such license?  Yes No		
If yes, please provide full details:		

If you are applying for a public member slot on a licensing board, have you or members of your immediate family (spouse, domestic partner, child, parents, siblings) been a member of this profession or associated professions?					
Yes No No					
If yes, please explain:					
	Yes	No			
Are you able to attend daytime meetings?  Are you able to spend time reading materials in preparation for meetings?					
Is there anything else you think we should know about you, your background, or experience?					
Please provide a BRIEF bio. This bio may be used on a public website so please do not incinformation.	clude an	ny personal			
If you are appointed, is there anything about you not covered by the previous questions the poorly on the State of Vermont or on the Board or Commission to which you have applied,					
Yes No					
If yes, please explain:					

	References
Please list three professional references.	
Full Name:	Relationship:
Company:	Phone:
Address:	

Company:

Full Name: \_\_\_\_\_\_
Company: \_\_\_\_\_

Address:

Address:

Relationship:

Relationship:

Phone:

Phone:

Political Affiliation: (some statutes creating a board may require this information to ensure balance): \_\_\_\_\_

(	Govern release	nor's Office considers the in the the information for public in	estigation for certain board appoir formation we obtain to be confider nspection unless required to do so he extent permitted by Vermont La	ntial. The Governor's Office will not b. Information submitted on this		
	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 in this application 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 Ful	II Name:	Today's Date:	Today's Date:		
	Signatur ( <i>Electror</i>	re: nic signature permissible)				
	Please for:	check the referral source that be	est describes the way you FIRST learne	d about the opportunity you are applying		
		Internet				
		News source: (please list)				
		Word of mouth. By Whom?				
		Other:				
L						
	creat appo	ivity of a diverse pool of candida	nmissions. You may, therefore, wish to	or qualifications are legally required for		
	Race	/Ethnicity:	Gender:	Age:		
	Milita	ry Service:	Person with disability:			