GOVERNOR'S COMMITTEE ON THE
EMPLOYMENT OF PEOPLE WITH DISABILITIES

APPLICATION FOR GUBERNATORIAL APPOINTMENT

Please submit completed application and resume to:
and Katie Franco, Executive Coordinator - Katie.Franco@vermont.gov

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Current Employer/Position _____

Business Address: _____
Street Address

_____
City *State* *ZIP Code*

Please list the name(s) of the boards and/or commissions you are interested in serving on:

_____

_____

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

Yes ☐ No ☐

If yes, please list and include dates: _____

_____

_____

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** ☐

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?		

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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 include any personal information.

If you are appointed, is there anything about you 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 known publicly?

Yes ☐ **No** ☐

If yes, please explain: _____

_____

_____

_____

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

_____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

We may conduct a background investigation for certain board appointments as warranted. The Governor's Office considers the information we obtain to be confidential. The Governor's Office will not release the 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 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 Full Name: Today's Date:

Signature:
(Electronic signature permissible)

Please check the referral source that best describes the way you FIRST learned about the opportunity you are applying for:

- ☐ Internet
- ☐ News source: (please list) _____
- ☐ Word of mouth. By Whom? _____
- ☐ Other: _____

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 to ensure that you are considered for relevant boards and commissions.

Race/Ethnicity: Gender: Age:

Military Service: Person with disability: