

**GUBERNATORIAL APPOINTMENTS APPLICATION**

Please complete the entire form and return to:  
Gubernatorial Appointments, Governor's Office, State Capitol, Des Moines, IA 50319  
Phone: (515) 281-5211 Fax: (515) 725-3528

BOARD/COMMISSION APPOINTMENT(S) DESIRED	
Board _____	Board _____
Board _____	Board _____
Board _____	Board _____

**I. Personal Information**

Salutation \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Legal Residence \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Occupation \_\_\_\_\_

Employer or Business Name \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_

To assist us in providing balance and to meet our goal of increased diversity within the membership of boards and commissions, we appreciate your response to these questions. Under state and federal law, this information may not be used to discriminate against you.

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"/> Latino/Hispano |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Other _____    |
- Please specify

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_       Female    Male

Do you have a permanent physical, sensory, or mental condition that affects your major life functions?  Yes  No

Are you a parent or family member of a person with disabilities?  Yes  No

Are you a Medicaid recipient?  Yes  No

Are you a former Medicaid recipient?  Yes  No

Are you a provider of Medicaid-funded services?  Yes  No

Have you ever been on active duty in the U.S. Armed Forces?  Yes  No

Are you a citizen of the United State?  Yes  No

Are you registered to vote in Iowa?  Yes  No    Indicate political affiliation: Democrat \_\_\_ Republican \_\_\_ No Party \_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

This form assists the Governor and Lt. Governor in evaluating the qualifications of applicants for appointment to a board or commission. State law requires that most boards and commissions be balanced according to gender, political affiliation, and geographical diversity. Iowa Code section 69 encourages minority and young adult representation. Appointments are made to most boards and commissions annually. Sections I and II of the applicant are public information.

**II. Professional Background**

*A current resume may be submitted for this section.*

**EDUCATION**

List schools attended, include high school.

School

City & State

Dates

Degree/Major

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**EMPLOYMENT & EXPERIENCE**

List major paid employment, previous appointments to boards and commissions and significant volunteer activities. List chronologically beginning with most recent experience.

Dates

Employer/Organization

City & State

Title/Position

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**INTEREST IN APPOINTMENT**

Describe in detail why you are interested in serving on a state board or commission. Include information about your background that supports your interest. ***You may complete this section on a separate sheet of paper.***

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Professional Licenses Held \_\_\_\_\_ Date Issued \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**III. EXECUTIVE APPOINTMENTS – BACKGROUND INFORMATION**

The following information is not required by law, and will be deemed to have been submitted to the Governor in confidence. The information contained within this application will only be used for purposes of the appointment process. This information will not be made available to public inspection (except as required by Iowa Code Chapter 22).

**If your answer to any of the following is "yes," please give full details on a separate sheet of paper.**

- A. Have you ever been arrested or taken into custody?  
YES \_\_\_\_\_ NO \_\_\_\_\_
- B. Have you ever been charged with, convicted of, pled guilty to, or received a deferred judgment or sentence for any crime of violation? (Including OWI, DWI, DUI or reckless driving.) Exclude simple traffic offenses resulting in fines less than \$250.  
YES \_\_\_\_\_ NO \_\_\_\_\_
- C. Have you ever been investigated for professional misconduct, been the subject of any professional complaint or disciplinary proceeding? If you have a professional license, have you ever received a private reprimand or admonition, or had any professional license or permit revoked or restricted upon a finding of professional misconduct?  
YES \_\_\_\_\_ NO \_\_\_\_\_
- D. Have you ever been placed on a child abuse, adult abuse or sex offender registry?  
YES \_\_\_\_\_ NO \_\_\_\_\_
- E. Have you ever been subject to a tax forfeiture action or have you ever filed for personal or business bankruptcy?  
YES \_\_\_\_\_ NO \_\_\_\_\_
- F. Have you ever been dishonorably discharged from military service?  
YES \_\_\_\_\_ NO \_\_\_\_\_
- G. Have you ever been a party to or testified in a criminal or civil court proceeding?  
YES \_\_\_\_\_ NO \_\_\_\_\_
- H. Do you have any legal interest that would cause you to have, or cause others to perceive you to have, a conflict of interest with respect to the board or commissions concerning which this application is submitted?  
YES \_\_\_\_\_ NO \_\_\_\_\_
- I. Before a decision regarding an appointment is made, a careful examination of your background will be conducted. Is there anything in your past conduct that may raise concerns?  
YES \_\_\_\_\_ NO \_\_\_\_\_

The Governor’s staff and the Iowa Department of Public Safety 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.

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Legal Residence \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver’s License Number \_\_\_\_\_ State \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth (City and State) \_\_\_\_\_

I hereby authorize the Iowa Division of Criminal Investigation and the Governor’s Office to obtain any and all records pertaining to me on file, including but not limited to the Department of Revenue, the Motor Vehicle Division, the Department of Human Services, law enforcement agencies, credit references or bureaus, educational institutions, licensing boards or authorities, past and present employers, business associates, and acquaintances. I agree that this information may be utilized by the Governor’s office for any decision that directly relates to my application or appointment.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_