



APPLICATION FOR BOARDS AND COMMISSIONS
OFFICE OF GOVERNOR DUCEY

Full Name: _____ Mr. ___ Mrs. ___ Dr. ___ Ms.
(please print or type)

Spouse Name: _____ Mr. ___ Mrs. ___ Dr. ___ Ms.

Spouse Employer: _____

Home: _____ / _____ Hm Ph () _____ - _____
Address City, State, Zip

Office: _____ / _____ Wk Ph () _____ - _____

Email Address: _____ Cell () _____ - _____

Residence County _____ Correspondence preference: ___ Office ___ Home

Date of Birth: ___/___/___ Place of Birth: _____ / _____
Upon recommendation for appointment you will
Be asked to provide a Social Security number.

Party Registration: _____ Referred by: _____

Gender: Male [] Female []
Ethnicity
(please check one)
African-American ___ Latino ___
Asian/Pacific Islander ___ Native American ___
Caucasian ___ Other ___

BOARDS/COMMISSIONS OF INTEREST

(List according to preference)

- 1. _____
2. _____
3. _____

A list of current vacancies can be found at the Governor's
website. http://www.governor.state.az.us

CURRENT EMPLOYMENT: (Title & Company/Agency) _____

EDUCATION: (Including degrees completed) _____

- REFERENCES: 1. _____ (Name) (Business / Company / Agency) (Phone Number)
2. _____
3. _____

AFFIRMATION OF ELIGIBILITY:

In accordance with A.R.S. 38-201, every state officer shall not be less than eighteen years of age, a citizen of the United States and a resident of this state. Do you meet these requirements? Yes ___ No ___ If no, please attach explanation.

Are you currently charged with or have you ever been arrested for or convicted of any felony, misdemeanor, or violation of the Uniform Code of Military Code of Justice? Yes ___ No ___ If yes, please attach explanation.

To your knowledge, has any formal charge of professional misconduct ever been filed against you by a licensing or regulatory board or by any other disciplinary body in any jurisdiction? Yes ___ No ___ If yes, please attach explanation.

In the past five years, have you ever been reprimanded, demoted, disciplined, placed on probation, suspended, cautioned or terminated by an employer as a result of your alleged consumption or use of alcohol, prescription drugs or illegal drugs? Yes ___ No ___ If yes, please attach explanation.

Is there any possible conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee of Governor Brewer? Or, other information that would embarrass the governor? Yes ___ No ___ If yes, please attach explanation.

Is there any information that, if it came to light, would embarrass you or reflect negatively on your appointment? Yes ___ No ___

I certify that the facts contained in this application are true and correct to the best of my knowledge. I have reviewed the statutory requirements governing the board/commissions in which I have expressed an interest and confirm that I meet those requirements. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my qualifications and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damages that may result from furnishing the same to you.

SIGNATURE: _____ DATE: _____

PLEASE ATTACH RESUME