



APPLICATION FOR BOARDS AND COMMISSIONS
OFFICE OF GOVERNOR DUCEY

Full Name: (please print or type)

Mr. Mrs. Dr. Ms. (please circle one)

Spouse Name:

Mr. Mrs. Dr. Ms. (please circle one)

Spouse Employer:

Home: Address City, State, Zip

() -

Office:

() -

Email Address:

FAX () -

Correspondence preference: Office Home

Upon recommendation for appointment you will be asked to provide a Social Security number.

Date of Birth: Place of Birth:

Political Party Legislative District Referred by

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

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

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.

Have you ever been arrested or to your knowledge, have any formal charges of professional misconduct, criminal misdemeanor or a felony ever been filed against you in any jurisdiction?

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 Ducey? Or, other information that would embarrass the governor?

Yes No If so, please attach explanation.

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

1700 West Washington, Suite 101, Phoenix, Arizona 85007 • (602) 542-2449 • FAX (602) 542-0758

To verify receipt or to check the status of your application, please contact the Boards and Commissions Office at (602) 542-2449