



APPLICATION FOR BOARDS AND COMMISSIONS
OFFICE OF ARIZONA GOVERNOR DUCEY

Full Name: \_\_\_\_\_ Mr. Mrs. Dr. Ms.
Spouse Name: \_\_\_\_\_ Mr. Mrs. Dr. Ms.
Spouse Employer: \_\_\_\_\_
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Home Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Legislative District: \_\_\_\_\_
Political Party: \_\_\_\_\_ Referred By: \_\_\_\_\_
Education: (Including degrees completed) \_\_\_\_\_

Upon recommendation for appointment you'll be asked to provide a valid social security number.

ETHNICITY
African-American [ ] Latino [ ]
Alaska Native [ ] Native-American [ ]
Asian [ ] Pacific Islander [ ]
Caucasian [ ] Other [ ]
GENDER
Male [ ] Female [ ] Diverse [ ]

BOARDS/COMMISSIONS OF INTEREST
(List according to preference)
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

A list of current vacancies can be found at the Governor's website: https://bc.azgovernor.gov

Current Employment (Company/Agency & Title): \_\_\_\_\_
Business Email: \_\_\_\_\_ Business Number: \_\_\_\_\_
Correspondence Preference: Home Business Fax Number: \_\_\_\_\_

REFERENCES:
Table with 3 columns: Name, Business/Company/Agency, Phone Number. Rows 1, 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 No, 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 Yes, 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 mail completed application with your resume to: 1700 W. Washington St, Phoenix, AZ 85007

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