

Appointment Resume for Regional Workforce Investment Board

PLEASE TYPE OR PRINT CLEARLY. USE ADDITIONAL SHEETS AS NECESSARY.

Entire form must be completed for consideration by the Governor's Office. Additional information on Regional Boards and the appointment process are available in the Iowa Administrative Code (877 IAC 6.1-11).

PERSONAL DATA

First Name _____ MI _____ Last Name _____ Mr/Mrs/Miss/other _____

Legal Residence _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Email Address _____

Employer or Business Name _____

Address _____

City _____ State _____ Zip _____ County _____

Occupation _____

Business Phone _____ Fax _____ Cell Phone _____

e-Mail Address _____

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?

Black/African-American

White/Caucasian

Latino/Hispano

Asian or Pacific Islander

American Indian or Alaska Native

Other _____

please specify

Birthdate: ___ / ___ / ___

Female

Male

Are you a citizen of the United States? Yes No

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

SSN # _____

EDUCATION List schools attended, include high school. A current resume may be substituted for this section.

School _____ City & State of Iowa _____ Dates _____ Degree/Major _____

Elected Offices, State Appointed Positions or Membership on Workforce Related Boards or Councils:

Signature _____ Date: ___ / ___ / ___

(OVER)

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 charged of committing any crime or violation? Do not include minor traffic offenses resulting in fines of less than \$100, juvenile offenses, or offenses otherwise sealed by court order.
Yes _____ No _____
- (b) Have you ever been convicted or have you pleaded guilty to any crime or violation? Do not include minor traffic offenses resulting in fines of less than \$100, juvenile offenses, or offenses sealed by court order
Yes _____ No _____
- (c) Have you ever been investigated on allegations of professional misconduct?
Yes _____ No _____
- (d) Have you ever been the subject of any professional disciplinary proceeding or had any professional license or permit revoked or restricted upon a finding of professional misconduct?
Yes _____ No _____
- (e) Have you ever been a litigant in or testified in a criminal or civil proceeding?
Yes _____ No _____
- (f) Do you have any legal interests that would cause you to have or cause others to perceive you to have, a conflict of interest with respect to the boards or commissions concerning which this application is submitted?
Yes _____ No _____
- (g) Is there anything else that we should be aware of?
Yes _____ No _____

The Governor's staff and the Iowa Division of Criminal Investigation 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 _____

Home Address _____

City _____ State _____ Zip _____

Social Security Number _____ - _____ - _____ Driver's License Number _____ State _____

Date of Birth _____ / _____ / _____ Place of Birth _____
 Month Day Year City State

Professional Licenses Held _____ Date Issued _____

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 with the Department of Revenue, the Motor Vehicle Division, law enforcement agencies, credit references or bureaus, 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 for appointment to the boards or commissions that I have listed above.

Signature _____ Date _____