

S T A T E O F M A I N E
Office Of The Governor

Paul R. LePage
Governor

Scott Van Orman
Director, Boards and Commissions

APPLICATION FOR GUBERNATORIAL APPOINTMENT

Name _____

Town of Residence _____ Year Round Resident? _____

Occupation _____

Home Mailing
Address _____

Business
Address _____

Phone (work) _____ (home) _____ (fax) _____ e-mail _____

Please feel free to attach a sheet if not enough space is provided for your answers. **A résumé is also required that includes complete education, employment and professional history.** Please return this form and résumé to **Scott Van Orman, Director, Boards and Commissions, Office of the Governor, #1 State House Station, Augusta, Maine 04333.**

List name(s) of board and /or commissions you are interested in serving on:

Where are you currently
employed? _____

Have you ever been elected or appointed to public office (including other boards/commissions) in Maine? If yes, please list and include dates:

Please list association memberships:

Have you been or are you now a registered lobbyist? If yes, please list the principals you represent(ed) and dates: _____

Have you or members of your immediate family (spouse, domestic partner, child, parents, siblings) or businesses in which you or they have been an owner, officer, or employee, had any contractual or other direct dealings during the last four years with any government agency? If yes, please explain (Use a separate attachment if necessary). _____

Have you held or do you hold an occupational or professional license or certificate in the State of Maine or any other state? If yes, please note the type of license/certificate and the issuing authority: _____

If you are applying for a public member slot on a licensing board, have you or members of your immediate family (spouse, domestic partner, child, parent(s), siblings) been a member of this profession or associated professions? If yes, please explain:

Can you: Attend daytime meetings? ____ Spend time reading materials in preparation for meetings? ____

Is there anything else you think we should know about you, your background, or experiences?

Please list three persons unrelated to you who would support your appointment:

Name	Occupation	Address	Phone

Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance (exclude traffic violations for which a fine or civil penalty of \$150 or less was paid) Yes ____ No ____ If yes, please give details: _____

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Optional Information: The following questions are designed to elicit information that will be used to assure that there is maximum diversity in the appointments that are made in the Administration. Please note that some boards and commissions require specific representation such as bipartisan representation or disabled representation. These questions are designed to assist the Administration in meeting such requirements. Responses by applicants are purely voluntary.

Political Affiliation: _____ Congressional District: _____

Disabling Characteristic: _____

Gender: Male

Female

Ethnicity:

Caucasian

African American

Hispanic

Native American

Asian/Pacific Islander

Other _____

I hereby certify that the information provided in this application is true, correct and complete to the best of my knowledge.

Applicant's Signature

Date