



**State of Delaware
Governor John Carney
Boards and Commissions Application**

Section I. Basic Information

*** Mandatory Fields**

Name:

Prefix:	
*First Name:	
Middle Name:	
*Last Name:	
Suffix:	

Current Residence:

*Street P.O. Box (if applicable):	
*City:	
*State:	
*Zip Code:	
County:	

*Daytime Phone:	
Cell Phone:	
Fax Number:	
*Date of Birth:	
*Email Address:	

Have you resided at your current residence less than 5 years?

- Yes
 No

If yes, please list all residences for the past 5 years, excluding current residence:

--

Please Enter up to (4) Boards of Interest:

Section II. Employment Experience

Please provide your professional work history, starting with the most recent.

Employer/Company:	
Position/Title:	
Start Date:	
End Date:	

Employer/Company:	
Position/Title:	
Start Date:	
End Date:	

Employer/Company:	
Position/Title:	
Start Date:	
End Date:	

Employer/Company:	
Position/Title:	
Start Date:	
End Date:	

Section III. Professional Licenses and Certificates:

Please provide all professional licenses and certificates whether active or inactive.

License and License Number:	
Date Issued:	
Date Expires:	

License and License Number:	
Date Issued:	
Date Expires:	

License and License Number:	
Date Issued:	
Date Expires:	

License and License Number:	
Date Issued:	
Date Expires:	

Section IV. Education

Please provide your complete educational background. Approximate dates are acceptable.

School Name/Location:	
Certificate Description:	
Start Date:	
End Date:	

School Name/Location:	
Certificate Description:	
Start Date:	
End Date:	

School Name/Location:	
Certificate Description:	
Start Date:	
End Date:	

School Name/Location:	
Certificate Description:	
Start Date:	
End Date:	

Section V. Organizations and Memberships

Please list all memberships of which you are or have previously been affiliated.

Organization Name and Address:		
Status:	<input type="checkbox"/> Current	<input type="checkbox"/> Previous

Organization Name and Address:		
Status:	<input type="checkbox"/> Current	<input type="checkbox"/> Previous

Organization Name and Address:		
Status:	<input type="checkbox"/> Current	<input type="checkbox"/> Previous

Organization Name and Address:		
Status:	<input type="checkbox"/> Current	<input type="checkbox"/> Previous

Section VI. Questionnaire

Please answer each question with as much information as possible.

*** Mandatory Fields**

*

1. Do you or your spouse own real property, personal property, financial holdings or receive income from any source that might present, or appear to present, a conflict of interest with your requested appointment?

Yes

No

If yes, please explain:

*

2. Have you or your spouse ever been affiliated (as an officer, owner, director, trustee, partner, advisor or consultant) with any institutions (corporations, firms, partnerships, business enterprises, non-profit organizations, etc.) within the past five years which might present, or appear to present, a potential conflict of interest with your requested appointment?

Yes

No

If yes, please explain:

*

3. Have you filed federal and state income tax returns for the past seven years?

Yes

No

If no, please explain:

*

4. Have you been convicted of a misdemeanor or a felony as an adult?

Yes

No

If yes, please explain:

*

5. Are you currently under any federal, state or local investigation for violation of a criminal law?

Yes

No

If yes, please explain:

*

6. Has a tax lien or other collection procedure ever been instituted against you by federal, state or local authorities?

Yes

No

If yes, please explain:

*

7. Are you only interested in a paid appointment?

Yes

No

If yes, is there a required compensation amount?

*

8. Certain boards and commissions require full disclosure of personal financial data. If required for the board or commission for which you are applying, are you willing to do so?

Yes

No

If no, please explain:

9. How much time are you capable of committing to a voluntary, unpaid position?
- 1-5 hours per month
 - 5-10 hours per month
 - 10+ hours per month

The following questions are optional.

1. Are you a person, or a relative of a person, with a disability?
- Yes
 - No

If yes, please indicate which:

2. If you are a parent of a person with a disability, is the person over 18 years of age?
- Yes
 - No

3. Are you registered to vote in Delaware?
- Yes
 - No

If yes, what is your Political affiliation?

4. Are you a United States citizen?
- Yes
 - No

If no, please identify citizenship country:

5. I identify my Gender as
- Male
 - Female
 - Prefer not to answer

6. I identify my Ethnicity as

- Latino/a
- LatinX
- Spanish origin
- Prefer not to answer

7. I identify my Race as

- Asian
- Black/African American
- Caucasian
- Native American
- Pacific Islander
- Mixed Race
- Prefer not to answer

Section VII. Board or Commission Selection

Please check here if you are willing to serve in any capacity where an opportunity may exist.

Please explain why you wish to serve on a Board or Commission.

If applying for a specific Board or Commission, please explain what skills you would bring to enhance productivity.

Section VIII. References

Please list three references who are not relatives. Please include name and contact information (telephone and/or email).

Reference 1

Reference 2

Reference 3

By signing this application, I:

1. Swear or affirm the following:
 - a. The information contained in this application is true to the best of my knowledge and recollection;
 - b. If I subsequently become aware that this application contains a false statement or omission, I will notify the office of the Governor immediately.

2. Authorize the Governor’s Office staff to contact individuals, entities, or federal, state or local agencies listed in this application or other individuals, entities or federal, state or local agencies, to confirm that the information in this application is true and accurate.

I understand that a false statement or omission in this applicant may:

1. Subject me to criminal or civil penalties;
2. Result in the denial of my application for appointment or revocation of my appointment.

Name:

Phone Number:

Signature of Applicant _____

Date:

Thank you! You will receive a confirmation email upon receipt of your completed application. If more convenient, you may print and mail your completed application to:

Office of the Governor
ATTN: Boards and Commissions Office
150 Martin Luther King, Jr. Boulevard South
Dover, DE 19901