OFFICE OF THE GOVERNOR
REQUEST FOR APPOINTMENT CONSIDERATION
BIOGRAPHICAL INFORMATION FORM

Please state below, the board or commission or general subject area in which you have an interest:

BOARD OR COMMISSION NAME: _____

Application for:	New Appointment	Reappointment	
Name:			
Date of Birth:		US Citizen	Registered Voter	MD resident since _____
Race:		Gender:		(Ethnic/gender data is solely to assure diversity in representation)
Home Address:			
City:		State:		Zip:	
Resident County:			
MD Legislative District:		MD Congressional District:		Council or Commission District:	
Occupation:			
Employer:			
Work Address:			
City:		State:		Zip:	
Phones:	(Office):		(Home):	
	(Cell):		(Fax):	
Email Address:			
Sponsoring Organization (If Any):			

Have you ever been a party (plaintiff or petitioner/defendant or respondent) to any civil, criminal, juvenile or administrative proceeding?

No	Yes (Specify):	

Do you hold a Maryland license to practice a profession or trade?		Yes		No
If yes, specify License:				

Have you ever had a license to practice a profession or trade, whether held in Maryland or another state, revoked or suspended?

No	Yes (Specify):	

Are you a member, officer or director of any organization?		Yes		No
Specify Organization or Activity:				

If so, are you engaged in any lobbying activities for that organization?

			Yes		No

Are you a paid lobbyist for any organization?					
If so, please specify the organization			Yes		No
Do you hold, or have you held in the past, an elected or appointed office within Federal, State or local government, or a political party?			Yes		No
Specify Office:					
Specify Dates:					
Have you filed all Federal and State tax returns that are now due or overdue and are all payments thereupon up to date?					
Yes	No (Explain):				
Have Federal, State or local authorities ever instituted a lien or other collection procedures against you?					
No	Yes (Explain):				

List the names, business addresses, and business telephone numbers of at least 2 individuals who are familiar with your professional qualifications and who have known you for more than the last five years:

1.

2.

Please attach a resume that includes information concerning your academic background, work experience and professional, political and civic organization affiliations.

ORGANIZATIONAL AFFILIATIONS:

I certify that, to the best of my knowledge and belief, all the information contained in and attached to this questionnaire is true, correct and complete. I understand and agree that I am required to notify the Office of the Governor in writing if any of the information contained in or attached to this questionnaire changes.

Signature of applicant: _____ Date: _____

Completed forms may be returned to:
Governor=s Appointments Office, State House, Annapolis, Maryland 21401-1991
Phone: (410) 974-2611 Fax: (410) 974-2456 Email: gov.appointments@maryland.gov

Internal Use Only

CR: GS: TQ: E: