

Complete and Return to:
 Boards and Commissions
 77 South High Street
 30th Floor
 Columbus, OH 43215
 Phone: (614) 466-3555
 Fax: (614) 466-9354



Mike DeWine
Governor
 STATE OF OHIO

The State of Ohio is an equal opportunity employer and will not use any of the information you provide to discriminate against you on the basis of race, color, religion, sex, national origin, handicap, age, or ancestry. If you need more space to answer any question or explain any of your answers, please use additional sheets. This information **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate.

- • **IN ADDITION TO THIS FORM, PLEASE SEND A RESUME OR BRIEF BIOGRAPHY TO THE ABOVE ADDRESS OR EMAIL TO BOARDS.COMMISSIONS@GOVERNOR.OHIO.GOV** • •

Full Name: _____

Residence Address: _____

City: _____ State: _____ Zip code: _____

County of Residence: _____ Length of Residence in Ohio: _____

Phone Numbers (Home): _____ (Cell): _____ (Business): _____

E-Mail Address: _____

Current Business / Employer: _____

Business Address: _____

City: _____ State: _____ Zip code: _____

NOTE: The Ohio Revised Code sets forth demographic qualifications for service upon many boards and commissions. You must provide only that demographic information required for service upon the board or commission to which you seek appointment. If you are unsure of whether demographic qualifications exist for a specific board or commission, please contact a Governor's Boards and Commission staff member at 614-466-3555

Sex: Male: Female: Date of Birth: _____
Race:

- White:** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black or African American:** All persons having origins in any of the Black racial groups of Africa.
- Hispanic or Latino:** All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.
- Asian:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent (for example, China, India, Japan, and Korea).
- Native Hawaiian or Pacific Islander:** All persons having origins in any of the original peoples of the Hawaiian Islands and Pacific Islands (for example, Hawaii, Philippine Islands, and Samoa).
- American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- Other: Please self define:** _____

Are you registered to vote in Ohio? Yes: No: County of Voter Registration: _____
Party-Affiliation: Republican: Democrat: Unaffiliated: Other: _____

Please specify the board or commission that interests you: _____

Do you currently serve on a gubernatorial board or commission? If yes, please identify: _____

Are you seeking reappointment? Yes No

Have you ever been a member of the armed forces of the United States, its reserve components or the National Guard? If yes, please state branch, service period, and last rank, and please indicate if you did not receive an honorable discharge, were ever court-martialed, were ever assessed non-judicial punishment, resigned in lieu of court-martial, or were administratively discharged:

Are you now under any charge or charges for any crime? If yes, please identify:

Have you ever, as an adult, been charged with any crime or arrested for any crime (regardless of whether you were convicted or acquitted) excluding minor traffic offenses? If yes, please identify:

Has any civil litigation or garnishment action ever been filed against you? If yes, please identify:

Has any civil protection order (CPO) or restraining order or emergency custody order relating to domestic violence or any other subject ever been entered against you? If yes, please identify:

Have you ever had any civil, administrative, or arbitration judgment or garnishment entered against you or against any business in which you were owner or the majority shareholder? If yes, please identify:

Have you ever filed personal bankruptcy or been adjudicated bankrupt? If yes, please provide details:

Are you currently in arrears on any court-ordered child support payments? If yes, please identify:

Has any business that you have owned, or of which you have been the majority shareholder, ever filed for bankruptcy or been adjudicated bankrupt? If yes, please identify:

Have you ever failed to pay any government-insured debt or any debt owed to a government entity? If yes, please identify:

Have you ever applied for, or held a license for a business, trade, or profession that required proof of good character or examination? If yes, please identify the license and issuing authority:

Have you ever been denied such a license, had that license revoked or suspended, or been disciplined with respect to that license?

Have you ever been disciplined for, or has any action ever been taken against you by any public or licensing authority or professional organization for any breach of ethics or unprofessional conduct or failure to make required disclosures? If yes, please identify:

Are all of your federal, state and local taxes current? If no, please explain:

Within the past three years, has any business venture for which you were an owner or person responsible for remitting withholding taxes of sales taxes, failed to pay such taxes in a timely manner? If yes, please explain:

Have you ever received, other than as an employee, or has any business that you owned or of which you were the majority shareholder, ever received any income from the Ohio state board or commission to which you seek appointment? If yes, please identify the income:

Have you ever received income as a lobbyist or "legislative agent: as defined in the Ohio Revised Code section 101.70 or "executive agency lobbyist" as defined in Ohio Rev. Code section 121.60 for work related to the Ohio General Assembly, any Ohio elected officer or any agency or entity of the executive branch of the Ohio state government? If yes, please identify the entity receiving the income:

Are you a United States Citizen? If no, please state immigration status: _____

Do either you or your spouse own or are either you or your spouse the majority shareholder of any business that will derive income from the Ohio state board or commission to which you seek appointment? If yes, please identify the business and the amount of annual income anticipated:

Do you have, or have you had, any personal, financial or business interest or dealings that might present a conflict of interest with your proposed state appointment? If yes, please identify:

Identify and describe any other information or situation that others might perceive as a conflict of interest with your proposed state appointment, or which might cause embarrassment to the state should you be appointed to a state board or commission:

Have you been publicly identified with a particularly controversial national, state, or local issue, or with an issue under the supervision of the board or commission to which you seek appointment? If yes, please explain:

EDUCATION/TRAINING (Use separate sheet of paper if necessary)

High School Name:	Location (City, State):	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Check Year Completed: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		Obtained GED? <input type="checkbox"/> Yes <input type="checkbox"/> No

School Name (College/University):	Location (City, State):
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Check Year Completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	Major/Degree:

School Name (College/University):	Location (City, State):
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Check Year Completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	Major/Degree:

School Name (College/University):	Location (City, State):
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Check Year Completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	Major/Degree:

PLEASE LIST RELEVANT WORK EXPERIENCE:

1.

2.

3.

I, _____, certify that all of the answers and statements on this form are true, complete and correct to the best of my knowledge and recollection and are made in good faith.

Signature of Applicant

I, _____, state that I understand that any information provided to the Governor's office may be a "public record" under Ohio law. I hereby waive any right to privacy of any information I have provided herein, and I authorize the Governor's office to investigate any of my responses.

Signature of Applicant

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