



Application for Appointment

Return all information to:

E-MAIL PREFERRED

E-mail completed application and materials to: Tamera.Felter@gov.idaho.gov

To mail, send to: Office of the Governor
Attn: Boards & Commissions
P.O. Box 83720
Boise, ID 83720

Personal Information

Title	First	Middle	Last	<input type="checkbox"/> Male	<input type="checkbox"/> Female
				E-mail Address	
Street		City	State	Zip	Phone
					Mobile

Are you a current resident of the State of Idaho? ☐ Yes ☐ No

Interests

On which Department or Agency would you like to serve?	Political Party (If Required)
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What position would you like to apply for, and why would you like to serve in this capacity?

Are you a current State Employee? ☐ Yes ☐ No

If so, what is your job position?

How many years have you worked for the State of Idaho? (If applicable)

How did you learn of this position?

List all past boards, commissions, and councils on which you have served, as well as political appointments you have received.

Please list your last three employers and dates worked, if not included on attached resume.

The information set forth above in my application is true to the best of my knowledge. False statements on this application shall be sufficient cause for non-consideration or dismissal after appointment.

Signature

Date

Except for your name, this application will only be released in response to a public records request upon your written consent.



Authorization for Background Check

Public positions and appointments require a higher degree of scrutiny, so a background check may be required for your appointment by the Governor. The information provided will be confidential pursuant to state and federal law.

Personal			Sex
Title	First	Middle	Last
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Alias Names (include maiden and married names)			Date of Birth
Board Applied For		Driver's License Number	Other ID
Address (please include previous 5 years)			
Current Address		City	State Zip
Alternate Address		City	State Zip
Previous Address		City	State Zip
Conflicts of Interest			
Please list ANY possible conflicts – perceived or actual – that you have related to this position. That includes any business relationship, dealing or financial transaction that may create an appearance of impropriety or conflict of interest with the position for which you were nominated, whether your own or through a client or relative. It also includes situations in which a family member or client has any direct or indirect financial or personal interest – except as a consumer – in a business, investment, property holding or employment that could have dealings with the position you are seeking. Please provide details.			
Criminal			
Please list ANY criminal offenses, including felonies, misdemeanors, or infractions for which you have been convicted, pled guilty, or received a withheld judgment within your lifetime.			
Approximate Date	City, State	Offense or Violation	

The information set forth above in my application is true to the best of my knowledge. False statements or omitting any information on this application shall be sufficient cause for non-consideration or dismissal after appointment.

I hereby authorize investigation, without liability, of the information supplied by me in this application and other information, including but not limited to: academic / educational records, occupational history, criminal history, credit records, and government records.

_____ Signature	_____ Date
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Except for your name, this application will only be released in response to a public records request upon your written consent.