



# Application for Appointment

**Return all information to:** **E-MAIL PREFERRED** - Send to: Tamera.Felter@gov.idaho.gov  
 If mailing, send to: Office of the Governor, Attn: Boards & Commissions  
 P.O. Box 83720 Boise, ID 83720

|  |       |        |       |   |        |
|--|-------|--------|-------|---|--------|
| <b>Personal Information</b>  |       |        |       | <input type="checkbox"/> Male <input type="checkbox"/> Female |        |
| Title  | First | Middle | Last  | E-mail Address  |        |
| Street   | City  |        | State | Zip   | Phone  |
|  |       |        |       |   | Mobile |
| Are you a current resident of the State of Idaho? <input type="checkbox"/> Yes <input type="checkbox"/> No |       |        |       |   |        |

**Interests**

|  |                               |
|--|-------------------------------|
| On which Department or Agency would you like to serve? | Political Party (If Required) |
|--|-------------------------------|

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.*

|                    |               |
|--------------------|---------------|
| _____<br>Signature | _____<br>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.

|  |       |        |   |
|--|-------|--------|---|
| <b>Personal</b>                                |       |        | <b>Sex</b>  |
| 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.**

|  |
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**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  |

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