



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Executive Office of the Mayor



Application for Mayoral Appointment to a Board or Commission

(Note: You must also attach a current resume or biographical sketch to this application form.)

BOARD OR COMMISSION FOR WHICH YOU WOULD LIKE TO BE CONSIDERED:

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Title: Mr. Ms. Mrs. Dr. New Appointment Re-Appointment

Name: (First, Middle, Last)			
Home Address:		Work Address:	
Zip Code:		Current Employer:	
Ward:		Occupation:	
Home Phone:		Zip Code:	
Cell Phone:		Work Phone:	
Email:		Secondary Email:	
Date of Birth:	/ /		

Education and General Qualifications

Level	Name of School	Location (City, State)	Did you graduate?	Type Degree(s)	Graduation Year	Major Course of Study
High School/GED						
College/Other						
Graduate						
Licenses held(if applicable):						
Status of each License:						
License Number:						

Declarations

Are you registered to vote in the District of Columbia? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a professional/occupational license revoked, or suspended as a result of disciplinary action? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there anything in your background that could be an embarrassment if it were to become public? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a current employee of the District government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a current employee of the U.S. government? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of, or plead guilty to a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, provide written details.)	
Are you, or a family member, currently serving on a D.C. board? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?	Please list the D.C. boards or commissions per person:

Declaration for Occupational or Health Licensing Boards

Are you applying to serve as a Consumer Member on an Occupational or Health Licensing Board? <input type="checkbox"/> Yes <input type="checkbox"/> No

Diversity Information (The Mayor desires broad diversity on each board in the District. Providing the information requested will assist in this goal and providing a response is voluntary on your part.)

Ethnicity: (What race or ethnicity do you consider yourself to be?)		
<input type="checkbox"/> Black/ African American	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Native American
<input type="checkbox"/> Latino/ Hispanic	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Multiracial
<input type="checkbox"/> Other _____		
Diversity: (Please check the boxes that apply to you.)		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Gay, Lesbian, Bisexual, Transgendered(GLBT)
<input type="checkbox"/> Senior/Elder Citizen (60 years and older)	<input type="checkbox"/> Person with Disabilities	<input type="checkbox"/> Veteran of the U.S. Armed Forces
<input type="checkbox"/> Young Adult (16 to 24 years)		

I certify that the facts and declarations contained in this application are true and correct to the best of my knowledge. I further authorize investigations of all statements contained herein and any personal references that I may include, or later provide, to obtain any and all pertinent information. I understand that providing false responses may be cause to remove me from service on a board or commission, if appointed. I understand that making a false statement on any part of my application or forms submitted with this application is punishable by criminal penalties pursuant to D.C. Official Code § 22-2405.

Signature: _____ Date: ____/____/____