

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:	<input type="checkbox"/> New Appointment	<input type="checkbox"/> Reappointment	
Name:			
Date of Birth:		<input type="checkbox"/> US Citizen	<input type="checkbox"/> 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?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify):		
Do you hold a Maryland license to practice a profession or trade?			
	<input type="checkbox"/>	Yes	<input type="checkbox"/> 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?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify):		
Are you a member, officer or director of any organization?			
	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Specify Organization or Activity:			
If so, are you engaged in any lobbying activities for that organization?			
	<input type="checkbox"/>	Yes	<input type="checkbox"/> No

Are you a paid lobbyist for any organization?					
If so, please specify the organization		<input type="checkbox"/>	Yes	<input type="checkbox"/>	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?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	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?					
<input type="checkbox"/> Yes	<input type="checkbox"/> No (Explain):				
Have Federal, State or local authorities ever instituted a lien or other collection procedures against you?					
<input type="checkbox"/> No	<input type="checkbox"/> 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.					
<u>ORGANIZATIONAL AFFILIATIONS:</u>					
<p>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.</p> <p>Signature of applicant: _____ Date: _____</p>					
<p>Completed forms may be returned to: Kim Bennardi, Administrator Department of Health and Mental Hygiene Office of Appointments and Executive Nominations 201 W. Preston Street, Baltimore, MD 21201 Phone: (410) 767-4049 Fax: (410) 767-6489 Email: kim.bennardi@maryland.gov</p>					
<p style="text-align: center;"><i>Internal Use Only</i></p> <p>CR: GS: TQ: E:</p>					

Appointee Exemption Disclosure Form

PART 1:		
NAME:		
ADDRESS:		
BOARD/COMMISSION NAME:		
PART 2:		
Please Check Item(s):	Exemption Requested: <input type="checkbox"/> No (If no, check box and skip to Part 3, Signature)	
	<input type="checkbox"/> Yes (If yes, check box and complete rest of Part 2 and 3)	
I request exemption for: <input type="checkbox"/> Financial Interest <input type="checkbox"/> Employment		
Financial Interest		Employment
Name of Entity where the financial interest exists:		Employment to be Exempted:
Address of Entity:		Your Position/Job Title:
Interest to be Exempted:		
Current Value: <input type="checkbox"/> Under \$1,000 <input type="checkbox"/> \$1,000-\$5,000 <input type="checkbox"/> \$5,000-\$10,000 <input type="checkbox"/> \$10,000 or More		
Explain below why you believe you may have financial interests or an employment situation that, in the absence of an exemption, will conflict with your service on the board or commission for which appointment is being considered. You may wish to contact the State Ethics Commission for information or advice at 410-260-7770.		
PART 3:		
Appointee:	Signature:	Date:

Mail or email this completed form to:

Kim Bennardi, Administrator
 Department of Health and Mental Hygiene
 Office of Appointments and Executive Nominations
 201 W. Preston Street, Baltimore, MD 21201

Phone: (410) 767-4049

Fax: (410) 767-6489

Email: kim.bennardi@maryland.gov

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