

REQUEST FOR APPOINTMENT CONSIDERATION

MARYLAND DEPARTMENT OF HEALTH
OFFICE OF APPOINTMENTS AND EXECUTIVE NOMINATIONS

Please state below, the board or commission and seat name for you would like to be considered:

BOARD OR COMMISSION NAME: _____		SEAT 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			
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
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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
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Specify Office:						
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Specify Dates:						
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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):						
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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):						
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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:

Please attach a resume that includes information concerning your academic background, work experience and professional, political and civic organization affiliations.

ORGANIZATIONAL AFFILIATIONS:

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 Secretary's Office in writing if any of the information contained in or attached to this questionnaire changes.

Signature of applicant: _____ Date: _____

Completed forms should be returned to:
Michelle Teoli Morningred, Administrator
Office of Appointments and Executive Nominations
667-203-8985 • michelle.morningred@maryland.gov