Application for Boards and Commissions Office of Governor Pat McCrory

State of North Carolina

BOARD OR COMMISSION FOR WHICH YOU ARE APPLYING:

|  |  |  |  |
| --- | --- | --- | --- |
| First Name MI | Last Name | | Prefix |
| Home Address | City | State | Zip |
| County Home Phone # Personal Email | | | |
| Congressional District Senate District | House District | Registered Yes No Voter: | |
| Are you a resident of NC? Yes No | If yes, how long have you been a resident of NC? | | |
| Age Gender: M F Race (optional) | | | |
| Present Employer/Occupation | Job Title | | |
| Business Address | City | State | Zip |
| Business Phone # | Business Email | | |
| Cell Phone # | Correspondence Preference: Home Business | | |
| Spouse’s Name | Spouse’s Employer | | |

**EDUCATION HISTORY (Specify school attended, year of graduation and type of degree received, if any)** High School/Equivalence (G.E.D.)

Undergraduate

Graduate/Professional

PROFESSIONAL LICENSE (Identify all of your professional license(s) and provide the information requested. Specify if your **license is in a name other than your name listed above.)**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of License | License # | Issuance Date | Has the license been continuously active since issuance? |
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|  |  |  |  |

**REFERENCES (List three persons, not related to you, who have known you at least a year.)**

|  |  |  |
| --- | --- | --- |
| NAME | ADDRESS | PHONE# |
|  |  |  |
|  |  |  |
|  |  |  |

PUBLIC OFFICIAL/OFFICES (List all appointed or elected positions you currently hold on any board, commission, council, **authority or other entity created by local, state or federal government.)**

|  |  |  |
| --- | --- | --- |
| CRIMINAL | | |
| 1. Have you ever been charged with a felony in North Carolina or elsewhere? | Yes | No |
| 2. Have you ever been convicted of a felony in North Carolina or elsewhere? | Yes | No |
| 3. Have you ever been charged with a misdemeanor, other than a traffic offense, in North Carolina or elsewhere? | Yes | No |
| 4. Have you ever been convicted of a misdemeanor, other than a traffic offense, in North Carolina or elsewhere? | Yes | No |
| 5. Has your driver’s license ever been suspended, revoked, or limited? | Yes | No |
| PROFESSIONAL/EMPLOYMENT | | |
| 6. Have you ever had any grievance or complaint filed against you with any board that regulates your professional license(s) or had a professional license suspended, revoked or modified? | Yes | No |
| 7. Have you ever had any sanction or reprimand entered against your professional license? | Yes | No |
| 8. Have you, or any business in which you own a controlling interest, ever been fined or otherwise sanctioned by a local, state or federal agency? | Yes | No |
| 9. Have you ever been disciplined by the board to which you seek appointment? | Yes | No |
| TAXES | | |
| 10. Have you ever failed to file state or federal income tax returns? | Yes | No |
| 11. Are you, or any company in which you or your spouse has a controlling interest, delinquent in paying any local, state or federal taxes? | Yes | No |
| LOBBYIST | | |
| 12. Are you currently a registered lobbyist, have you been a registered lobbyist in the last year, or have you employed a registered lobbyist in the last year? | Yes | No |
| CONFLICT OF INTEREST/OTHER DISCLOSURES | | |
| 13. Are you or your spouse regulated by, licensed by, or engaged in a business relationship with the board to which you are seeking appointment? | Yes | No |
| 14. Do you have any financial interest in any company that does business with the State of North Carolina? | Yes | No |
| 15. Are you, or any entity in which you have a financial or other interest, the recipient of any grant or appropriation from the State of North Carolina? | Yes | No |
| 16. Are you aware of any other information that would be relevant for the Governor to know as she considers appointing you to a board or commission? | Yes | No |

I certify that the facts contained in this application are true and correct to the best of my knowledge. I release all parties from all liability for any damage that may result from furnishing such information. I understand that failure to fill out this form accurately and truthfully shall subject me to immediate removal.

SIGNATURE DATE

Return completed form to: Office of the Governor; Attn: Boards and Commissions Office; 20301 Mail Service Center; Raleigh, NC 27699-0301 or via fax to (919) 715-4239 or scan to [Karen.rosser@nc.gov](mailto:Karen.rosser@nc.gov)