



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. New Appointment Re-Appointment

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|---------------------------------------|-----|--------------------------|--|
| 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

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|--|---|
| 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

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

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| 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: ____/____/____