



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Executive Office of the Mayor



**Application for Mayoral Appointment to a Board or Commission**

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

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Title: ☐ Mr. ☐ Ms. ☐ Mrs.

☐ New Appoint ☐ Re-Appoint

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

**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 board? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?	Please list the boards or commissions per person:

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

**Ethnicity:** (Of 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 _____		

<i>Diversity: (Please check the boxed that apply to you.)</i>		
<input type="checkbox"/> Senior/Elder Citizen ( 60 years and older)	<input type="checkbox"/> Veteran of the U.S. Armed Forces	<input type="checkbox"/> Gay, Lesbian, Bisexual, Transgendered(GLBT)
<input type="checkbox"/> Person with Disabilities	<input type="checkbox"/> Young Adult ( 16 to 24 years)	

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

*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 et seq.*

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_