## **Application for Boards and Commissions**

## Office of Governor Roy Cooper State of North Carolina

| BOARD OR COMMISSION FOR V   | VHICH YO     | J ARE APPLY               | /ING:                                |                                 |                   |  |                  |          |  |
|---|--------------|---------------------------|--------------------------------------|---------------------------------|-------------------|--|------------------|----------|--|
| First Name  Mailing Address   |              |                           | MI                                   | Last Name                       |                   |  | Prefix           |          |  |
|   |              |                           |                                      | City                            | City State        |  |                  | Zip      |  |
| County Primary P  |              |                           | one # Personal I                     |                                 | Personal E        | mail   |                  |          |  |
| Congressional District Senate Di  |              |                           | strict                               |                                 | House District    |  |                  |          |  |
| Are you a resident of NC? Yes No If yes, ho   |              |                           | long have you been a resident of NC? |                                 | NC?               | Registered<br>Voter:                                     | Yes              | No       |  |
| Age Gender: M   | F E          | thnicity (option          | nal)                                 |                                 |                   |  | voter.           |          |  |
| Present Employer/Occupation   |              |                           |                                      | Job Title                       |                   |  |                  |          |  |
| Business Address  |              |                           |                                      | City                            |                   |  | State            | Zip      |  |
| Business Phone #  |              |                           |                                      | Business Email                  |                   |  |                  |          |  |
| Home Phone #  |              |                           |                                      | Correspondence Preference: Home |                   |  |                  | Business |  |
| Spouse's Name   |              |                           |                                      | Spouse's                        | Spouse's Employer |  |                  |          |  |
| Local Newspaper(s):   |              |                           |                                      |                                 |                   |  |                  |          |  |
| EDUCATION HISTORY (Specify sch<br>High School/Equivalence                                 | nool attende | ed, year of gra           | duation a                            | and type of d                   | egree receiv      | ed, if any)  |                  |          |  |
| (G.E.D.) Undergraduate  |              |                           |                                      |                                 |                   |  |                  |          |  |
| Graduate/Professional   |              |                           |                                      |                                 |                   |  |                  |          |  |
| Graduate/1 Totessional  |              |                           |                                      |                                 |                   |  |                  |          |  |
| PROFESSIONAL LICENSE (Identify  |              |                           | icense(s                             | ) and provide                   | the informat      | tion reques  | sted. Specify if |          |  |
| your license is in a name other than your name listed above.)  Type of License  License # |              |                           | Issua                                |                                 |                   | Has the license been continuously active since issuance? |                  | uously   |  |
|   |              |                           |                                      |                                 |                   |  |                  |          |  |
|   |              |                           |                                      |                                 |                   |  |                  |          |  |
| _   |              |                           |                                      |                                 |                   |  |                  |          |  |
|   |              |                           |                                      |                                 |                   |  |                  |          |  |
| REFERENCES (List three persons, r<br>NAME   | not related  | to you, who ha<br>ADDRESS | ave know                             | known you at least a year.)     |                   |  | PHONE #          |          |  |
|   |              |                           |                                      |                                 |                   |  |                  |          |  |
|   |              |                           |                                      |                                 |                   |  |                  |          |  |
|   |              |                           |                                      |                                 |                   |  |                  |          |  |
| PUBLIC OFFICIAL/OFFICES (List a council, authority or other entity creat                  |              |                           |                                      |                                 | hold on any b     | ooard, com   | ımission,        |          |  |
| Council, authority of other entity creat  | led by loca  | i, state of fede          | iai gove                             | mment.)                         |                   |  |                  |          |  |
|   |              |                           |                                      |                                 |                   |  |                  |          |  |
|   |              |                           |                                      |                                 |                   |  |                  |          |  |
|   |              |                           |                                      |                                 |                   |  |                  |          |  |

## Answer each question below. Please attach an additional sheet(s) to explain any "Yes" answers.

| CR  | IMINAL   |     |    |
|-----|--|-----|----|
| 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 |
| 6.  | Have you ever been convicted of a felony or misdemeanor and had it expunged?   | Yes | No |
| PR  | OFESSIONAL/EMPLOYMENT  | •   |    |
| 7.  | 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 |
| 8.  | Have you ever had any sanction or reprimand entered against your professional license?   | Yes | No |
| 9.  | 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 |
| 10. | Have you ever been disciplined by the board to which you seek appointment?   | Yes | No |
|     | <u>XES</u>   |     |    |
| 11. | Have you ever failed to file state or federal income tax returns?  | Yes | No |
| 12. | 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 |
| LO  | BBYIST CONTRACTOR OF THE PROPERTY OF THE PROPE | -1  |    |
| 13. | 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 |
| CO  | NFLICT OF INTEREST/OTHER DISCLOSURES   | •   |    |
| 14. | 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 |
| 15. | Do you have any financial interest in any company that does business with the State of North Carolina?   | Yes | No |
| 16. | 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 |
| 17. | Are you aware of any other information that would be relevant for the Governor to know as he considers appointing you to a board or commission?  | Yes | No |

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I authorize the Governor's Office to investigate any and all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application. I further understand that dismissal upon appointment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 14-122.1.)

| SIGNATURE | DATE |
|-----------|------|
|           |      |