Application for Appointment

Return all information to: Idaho Council on Developmental Disabilities
700 W. State St., First Floor West
Boise, ID 83702-5868

Personal Information

Title	First	Middle	Last	☐ Male ☐ Female
				E-mail Address
Street	City	State	Zip	Phone
				Mobile

Interests

On which Board, Commission, or Council would you like to serve?

IDAHO COUNCIL ON DEVELOPMENTAL DISABILITIES

Please explain why you would like to serve in this capacity.

List all current organizations and societies of which you are a member.

List all past boards, commissions, and councils on which you have served, as well as political appointments you have received.

Please list all professional licenses you currently hold. Are you current with all the requirements for these professional licenses? If not, please explain.

Have you ever voluntarily surrendered a license, had a license suspended or revoked or been disciplined professionally? If so, please explain.

Please list all supporting documents you have included. (Note: Your complete resume and authorization for Background Check are required.)

The information set forth above in my application is true to the best of my knowledge. False statements on this application shall be sufficient cause for non-consideration or dismissal after appointment.

_____ _____

Signature Date

Authorization for Background Check

Public positions and appointments require a higher degree of scrutiny, so a background check may be required for your appointment by the Governor. The information provided will be confidential pursuant to state and federal law.

Personal				**Sex**
Title	First	Middle	Last	☐Male ☐Female
Alias Names (include maiden and married names)				Date of Birth

Social Security Number	Drivers License Number	Other Identification ID

Address (please include previous 5 years)

Current Address	City	State	Zip
Alternate Address	City	State	Zip
Previous Address	City	State	Zip
Previous Address	City	State	Zip
Previous Address	City	State	Zip
Previous Address	City	State	Zip
Previous Address	City	State	Zip

Criminal

Please list **ANY** criminal offenses, including felonies, misdemeanors, or infractions for which you have been convicted, pled guilty, or received a withheld judgment **within your lifetime.**

Approximate Date	City, State	Offense or Violation

The information set forth above in my application is true to the best of my knowledge. False statements or omitting any information on this application shall be sufficient cause for non-consideration or dismissal after appointment.

I hereby authorize investigation, without liability, of the information supplied by me in this application and other information, including but not limited to: academic / educational records, occupational history, criminal history, credit records, and government records.

_____ _____

Signature Date