REAPPOINTMENT APPLICATION FOR GUBERNATORIAL APPOINTMENT

Instructions

Save the application to your computer before typing. If not enough space is provided for your answers, you may add an attachment. A resumé may also be attached. To send your application, complete the application, print, scan/email to email address below or send via USPS to address below. You may also attach other documents such as a resumé to this email. You will have an opportunity to review this email before sending. **PLEASE DO NOT USE THE SUBMIT BUTTON BELOW.**

Attention MAC users: By default, the application opens in PREVIEW mode on most Macs. The application must be opened instead with Adobe Reader™. Download the free Adobe Reader™ software here: http://www.adobe.com/products/reader.html

Any questions or concerns can be directed to:

Joanne Fleurrey, Executive Assistant
Disabilities, Aging and Independent Living
HC2 South, 280 State Drive
Waterbury, VT 05671-2020
(802) 241-2401
joanne.fleurrey@vermont.gov

Name:					
Year Round Resident?	Yes	No	Date of Birth:		
Occupation:					
Home Mailing Address:					
Town of Residence:					
Business Address:					
Phone(s): Work:		Home:	Cell:		
E-mail:					
Please list the name of the board or commission you are interested in being reappointed to:					
1) Where are you cu	rrently employe	ed?			

2)	Please provide a BRIEF bio about yourself. This bio may be used on a public website so please do not include any personal information.
3)	If you are reappointed, is there anything about you not covered by the previous questions that might reflect poorly on the State of Vermont or on the Board or Commission to which you have applied, if known publicly? Yes No
	3a) If YES, please explain:
4)	Political affiliation (some statutes creating a board may require this information to ensure balance):

We may conduct a background investigation for certain board appointments as warranted. The Governor's Office considers the information we obtain to be confidential. The Governor's Office will not release this information for public inspection unless required to do so. Information submitted on this application will be confidential to the extent permitted by Vermont law.

I hereby authorize that my criminal record history and tax records be released to the Governor or the Governor's representative and certify that the information provided in this application is true, correct and complete to the best of my knowledge. I further authorize the disclosure of my application to the Vermont Senate should I be appointed to a position that requires the advice and consent of the Senate.

Your Full Name:	Today's Date:
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Electronic Signature

The following optional information is elicited in order to ensure that this administration considers the talent and creativity of a diverse pool of candidates. In addition, specific backgrounds for qualifications are legally required for appointment to some boards and commissions. You may, therefore, wish to provide this information in order to ensure that you are considered for relevant boards and commissions.

Race/Ethnicity:	Gender:	Age:
Military Service:		
Person with disability:		
Clear Form		
Print Form		
Submit Application		