

OFFICE OF THE GOVERNOR
REQUEST FOR APPOINTMENT CONSIDERATION
BIOGRAPHICAL INFORMATION FORM

Please state below, the board or commission or general subject area in which you have an interest:

Application for: New Appointment Reappointment

Name: _____

Date of Birth: _____ US Citizen Registered Voter MD resident since _____

Race: _____ Gender: _____ (Ethnic/gender data is solely to assure diversity in representation)

Home Address: _____

City: _____ State: _____ Zip: _____

Resident County: _____

MD Legislative District: _____ MD Congressional District: _____ Council or Commission District: _____

Occupation: _____

Employer: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Phones: (Office): _____ (Home): _____
 (Cell): _____ (Fax): _____

Email Address: _____

Have you ever been a party (plaintiff or petitioner/defendant or respondent) to any civil, criminal or juvenile proceeding?

No Yes (Specify): _____

Sponsoring Organization (If Any): _____

Do you hold a Maryland license to practice a profession or trade? Yes No

Specify License: _____

Are you an officer or director of, or engaged in lobbying activity for, any organization? Yes No

Specify Organization or Activity: _____

Do you hold an elected or appointed office w/State or local government, or a political party? Yes No

Specify Office: _____

(Over)
Completed forms may be returned to:
Anna Lieberman, Administrator
The Office of Appointments and Executive Nominations
Department of Health and Mental Hygiene, 201 W. Preston Street, Baltimore, MD 21201
Phone: (410) 767-4049 Fax: (410) 767-6483 Email: alieberman@dhmh.state.md.us

Please attach a resume that includes information concerning your academic background, work experience and professional, political and civic organization affiliations. If a resume is not available, please supply requested information in spaces provided below.

ACADEMIC BACKGROUND:

WORK EXPERIENCE:

ORGANIZATIONAL AFFILIATIONS: