

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:

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Application for:	<input type="checkbox"/> New Appointment	<input type="checkbox"/> Reappointment	
Name:			
Date of Birth:		<input type="checkbox"/> US Citizen	<input type="checkbox"/> 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:			
Sponsoring Organization (If Any):			
Have you ever been a party (plaintiff or petitioner/defendant or respondent) to any civil, criminal, juvenile or administrative proceeding?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify):		
Do you hold a Maryland license to practice a profession or trade?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, specify License:			
Have you ever had a license to practice a profession or trade, whether held in Maryland or another state, revoked or suspended?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes (Specify):		
Are you a member, officer or director of any organization?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Specify Organization or Activity:			
If so, are you engaged in any lobbying activities for that organization?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

WORK EXPERIENCE:

ORGANIZATIONAL AFFILIATIONS:

I certify that, to the best of my knowledge and belief, all the information contained in and attached to this questionnaire is true, correct and complete. I understand and agree that I am required to notify the Office of the Governor in writing if any of the information contained in or attached to this questionnaire changes.

Signature of applicant: _____ Date: _____

Completed forms may be returned to:
Anna Lieberman, Administrator, Office of Appointment and Executive Nominations
201 W. Preston Street, Baltimore, MD 21201
Phone: (410) 767-4049 Fax: (410) 333-7687 Email: alieberman@dhmh.state.md.us