



OFFICE OF GOVERNOR JEREMIAH W. (JAY) NIXON

Application for Gubernatorial Appointment to a Board or Commission

Office of Jeremiah W. (Jay) Nixon
Boards & Commissions
State Capitol, Room 216
Jefferson City, MO 65101
Telephone: (573) 751-3222
Fax (573) 751-1495
www.governor.mo.gov

BOARDS AND COMMISSIONS APPLICATION

Application Instructions:

- Complete the entire application form and include a resume. (Please, no biographies)
- You and your spouse should sign both the Gubernatorial and Senate Authorization forms.
- Specifically list the names of the boards and commissions to which you are applying (multiple selections, not to exceed three (3) boards or commissions, are allowed).
- Return to our office by mail or fax to:
Office of the Governor, Boards and Commissions
P.O. Box 720
Jefferson City, MO 65101
Fax: (573) 751-1495
- If you have any questions please contact our office at 573-751-3222.

Your Name: _____
Last First Middle Initial

What other names have you used? (Include name changes, nicknames, maiden names, and former married names) _____

Board /Commission Applying for: _____

Social Security # _____ Driver's License # _____

Sex: _____ Male _____ Female Ethnicity: _____

Marital Status: _____ Single _____ Married _____ Divorced _____ Separated _____ Widow

Spouse's Full Name: _____

Are you a United States Citizen? _____ Missouri Citizen? _____

Current Residential Address: _____
Street Address

City County State Zip

Are you registered to vote at the above address? _____

Current Business Address: _____
Street Address

City County State Zip

Specify the preferred mailing address: Residential _____ Business _____

List all permanent and temporary places of residence for the last ten (10) years.

<i>Address</i>	<i>City & State</i>	<i>From</i>	<i>To</i>
<i>Address</i>	<i>City & State</i>	<i>From</i>	<i>To</i>
<i>Address</i>	<i>City & State</i>	<i>From</i>	<i>To</i>
<i>Address</i>	<i>City & State</i>	<i>From</i>	<i>To</i>
<i>Address</i>	<i>City & State</i>	<i>From</i>	<i>To</i>
<i>Address</i>	<i>City & State</i>	<i>From</i>	<i>To</i>

List all your former and current residences outside of Missouri that you have maintained at any time during adulthood (including college addresses).

<i>Address</i>	<i>City & State</i>	<i>From</i>	<i>To</i>
<i>Address</i>	<i>City & State</i>	<i>From</i>	<i>To</i>
<i>Address</i>	<i>City & State</i>	<i>From</i>	<i>To</i>
<i>Address</i>	<i>City & State</i>	<i>From</i>	<i>To</i>
<i>Address</i>	<i>City & State</i>	<i>From</i>	<i>To</i>
<i>Address</i>	<i>City & State</i>	<i>From</i>	<i>To</i>

Congressional District: _____ State Senator: _____

State Representative: _____

Political Affiliation: _____

Note: By statute many positions require Republican and Democrat members, Independent is not acceptable, if unsure please contact the office.

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

Email: _____

Education:

<i>High School</i>	<i>Dates Attended</i>	<i>Year Graduated</i>
--------------------	-----------------------	-----------------------

<i>High School</i>	<i>Dates Attended</i>	<i>Year Graduated</i>
<i>High School</i>	<i>Dates Attended</i>	<i>Year Graduated</i>
Postsecondary Education	Dates Attended	Certificate/Degree Received
Postsecondary Education	Dates Attended	Certificate/Degree Received
Postsecondary Education	Dates Attended	Certificate/Degree Received

Please list all employment you have had for the last fifteen (15) years, list your employer's name, business address, type of business, occupation or job title, period(s) of employment, and reasons for leaving:

<i>Employer's Name & Address</i>	<i>Type of Business</i>	<i>Occupation/Job Title</i>	<i>Date</i>
<i>Employer's Name & Address</i>	<i>Type of Business</i>	<i>Occupation/Job Title</i>	<i>Date</i>
<i>Employer's Name & Address</i>	<i>Type of Business</i>	<i>Occupation/Job Title</i>	<i>Date</i>
<i>Employer's Name & Address</i>	<i>Type of Business</i>	<i>Occupation/Job Title</i>	<i>Date</i>

List any professional licenses or certificates, not limited to Missouri, that you have, the date you were originally licensed, the licensing agency (CPA, Registered Nurse, Engineer, etc.):

Membership(s) in professional or civic organizations (please note offices held and dates):

Are you or have you previously held any local, state or federal government positions, appointments or elected office(s)? If so, please list dates and positions held.

Are you or have you ever been a member of the armed forces of the United States? If so, please list dates of service, branch of service, rank and type of discharge.

<i>Date</i>	<i>Service Branch</i>	<i>Rank</i>	<i>Discharge</i>	<i>Date</i>
-------------	-----------------------	-------------	------------------	-------------

Have you ever been arrested, charged, and or convicted of any felony?

Yes_____ No_____

If yes, please explain.

Have you ever been convicted of a crime, other than a minor traffic violation? If so, please identify and describe each such arrest, charge, or conviction. (Do not include traffic offenses for which the fine was less than \$100.)

Is there anything in your or your spouse's background that might become an embarrassment to you if it were to become public? Please consider carefully any letters to the editor, blog posts, etc., you or your spouse may have authored, even anonymously.

Yes_____ No_____

If yes, please explain.

Have you or your spouse ever had any association with any person, group, or business venture that could be used, even unfairly, to discredit or attack your character and qualifications for the position to which you seek to be appointed?

Yes_____ No_____

If yes, please describe.

Have you or your spouse ever been disciplined, cited, or sanctioned for a breach of ethics or unprofessional conduct by, or been the subject of a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group?

Yes_____ No_____

If yes, please explain.

Have you or your spouse ever been publicly identified, in person or by organizational membership, with a particularly controversial national or local issue?

Yes _____ No _____

If yes, please explain.

Do you know of any person or group who might take overt or covert steps to attack, even unfairly, your potential appointment?

Yes _____ No _____

If yes, please explain.

Do you have any financial or other interests that might present a conflict of interest, or the appearance of such a conflict, if you were appointed to the position for which you have applied?

Yes _____ No _____

If yes, please explain.

Have members of your immediate family (spouse, child, parent(s), sibling(s)), held any contractual or other direct dealings during the last four (4) years with any state or local government agency in Missouri, including the office or agency to which you are seeking?

Yes _____ No _____

If yes, please explain.

Have you or your spouse at any time belonged to any membership organization that, as a matter of policy or practice, denied or restricted membership or affiliation based on race, sex, disability, ethnic background, religion, or sexual orientation, or has been subject to a claim that it has done so?

Yes _____ No _____

If yes, please provide details.

Please provide any other information, including information about other members of your family, which could suggest a conflict of interest or be a possible source of embarrassment to you, your family, the Board/Commission for which you are applying, or the Governor:

References:

Name	Nature of Relationship	Contact Information	Years Known

I, _____ (please print name), certify the information and statements on this form, provided by me and on accompanying materials, is to the best of my knowledge, true and accurate.

Signature *Date*

Spouse's Signature *Date*

If appointed, a press release will be issued announcing your appointment pending the completion of the appointment process with the governor's office. Please supply our office with the following information that will be included in the press release.

[Name]: _____, [Age]: ___ of [hometown]: _____,
is [job title and current place of employment]: _____.
[Name] holds [listing of earned degrees, e.g. bachelor's, master's, etc.*] _____

****On a separate sheet of paper please list relevant experience to the position you are being appointed to if you hold no degrees.***

Examples:
John A. Doe, 38, of Jefferson City, is president of ABC, Inc. Doe holds a bachelor's degree in business administration from XYZ University and a juris doctorate from ABC University School of Law.

John A. Doe, 38, of Jefferson City, is the owner and operator of Doe and Associates, Inc. Doe previously served as division manager at ABC, Inc. Doe is a certified personnel consultant.

EXECUTIVE OFFICE, STATE OF MISSOURI
AUTHORIZATION & RELEASE

I, (name) _____, born at (city) _____,
(state) _____, on (date) _____, and currently residing at (address) _____
_____, (county) _____ having
applied for a governmental appointment, hereby consent to the release of information to the Office of the Governor. I
authorize and request every person, firm, company, corporation, government agency, law enforcement agency, court,
associate or institution having control of any documents, records or other information pertaining to me personally and to
any corporations, partnerships, or companies of which I am an owner, or may be a responsible person, for collection of
taxes, under the tax laws of the state of Missouri, to furnish to the Office of the Governor through the Missouri State
Highway Patrol any such information, including all medical records, credit reports or documents, records and files
regarding charges or complaints filed against me, including any complaints erased by law, whether formal or informal,
pending or closed, or any other pertinent data; and to permit the Office of the Governor, the Missouri State Highway
Patrol or any of their agents or representatives to inspect and make copies of such documents, records or other
information.

I authorize and request the Missouri Department of Revenue to release confidential tax records for all tax period(s) to the
Office of the Governor through the Missouri State Highway Patrol. This tax information may include but is not limited to
individual income tax, sales tax, use tax, withholding tax or any other tax that is administered or collected by the
Department of Revenue pertaining to me personally and to any corporations, partnerships, or companies of which I am
an owner or may be a responsible person, for collection of taxes, under the tax laws of the state of Missouri. The Director
of Revenue and Department personnel are hereby released from any and all liability pursuant to unauthorized disclosures
of confidential tax information resulting from release of information covered by section 32.057 RSMo under this
document.

I authorize the custodian of my military records to release to the Office of the Governor through the Missouri State
Highway Patrol information for personal review or photocopies from my military personnel file and related medical
records, or only the following information/records: _____. This could include a photocopy of my DD
Form 214, Report of Separation.

I, along with my spouse (name) _____, hereby release, discharge and exonerate the
Office of the Governor, the Missouri State Highway Patrol, the Missouri Department of Revenue, the State of Missouri,
their agents and representatives, and any person so furnishing information from any and all liability of every nature and
kind arising out of the furnishing or inspection of such documents, records, and other information or any investigation or
report made by the above persons or entities. A copy of this release shall have the same effect as the original.

This authorization shall remain in full force and effect until the Office of the Governor is notified in writing that this
release has been revoked by the undersigned individual.

(Signature) (Date)

(Social Security Number)

(Signature of Spouse) (Date)

(Spouse's Social Security Number)

MISSOURI STATE SENATE AUTHORIZATION & RELEASE

I, (name) _____, born at (city) _____,
(State) _____, on (date) _____, and currently residing at (address) _____
_____, (county) _____, hereby consent to
the release of any and all records and information, including any and all confidential, closed or privileged records and
information to the Missouri State Senate.

I authorize and request every person, firm, company, corporation, government agency, including the Missouri
Governor’s Office, law enforcement agency, court, association, institution or other entity having control of any
documents, records or other information pertaining to me, to furnish to the Missouri State Senate or its authorized agent
or representative any such information, including any complaints erased, deleted or expunged by law, whether formal or
informal, pending or closed, or any other pertinent data; and to permit the Missouri State Senate or any of its authorized
agents or representatives to inspect and make copies of such documents, records or other information.

I authorize and request the Missouri Department of Revenue to release confidential tax records for all tax periods to the
Missouri State Senate or its authorized agent or representative. This tax information may include but not limited to
individual income tax, use tax, withholding tax or any other tax that is administered or collected by the Department of
Revenue. The Director of Revenue and Department personnel are hereby released from any and all liability pursuant to
unauthorized disclosures of confidential tax information resulting from release of information covered by section 32.057,
RSMo, under this document.

I authorize and request the Missouri State Highway Patrol and every other law enforcement agency and officer of the
United States, this State or any other state or territory of the United States or any foreign country to release to the
Missouri State Senate or its authorized agent or representative any and all documents, records or other information
pertaining to me.

I authorized and request that any court of law of this State, the United States, any other state or territory of the United
States or of any foreign country, including the Office of Chief Disciplinary Counsel under the Missouri Supreme Court,
release to the Missouri State Senate or its authorized agent or representative any and all documents, records, holdings,
rulings, decisions or other information pertaining to me.

I authorize and request that the custodian of my military records release to the Missouri State Senate or its authorized
agent or representative any and all information for personal review or photocopies from my military personnel file and
related medical records, or only the following information/records: _____.
This may include a photocopy of my DD Form 214, Report of Separation.

I, along with my spouse (name) _____ hereby release, discharge and exonerate the
Missouri State Senate, the Missouri Department of Revenue, the State of Missouri, their authorized agents and
representatives, and any person or entity so furnishing information from any and all civil or criminal liability of every
nature and kind arising out of the furnishing or inspection of such documents, records, and other information or any
investigation or report made by the above persons or entities.

This authorization shall remain in full force and effect until the Missouri State Senate is notified in writing that this
Release has been revoked by the undersigned individual. A copy of this Release shall have the same effect as the
original.

(Signature) (Date)

(Social Security Number)

(Signature of Spouse) (Date)

(Spouse’s Social Security Number)