



Office of the Governor Request for Appointment Consideration Biographical Information Form

Prefix	First Name:	Middle Initial:	Last Name:

Home Address

Street		Apt#:	
City:	County:	State:	MD
Phone:	Cell:	Zip:	
Email:			

Business Address

Name:			
Street:			
City:	County:	State:	MD
Phone:	Cell:	Zip:	
Email:			

Have you ever used, or have you ever been known by, any other name?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, provide name(s) and explain:

Please list links to any social media profiles:

Background Highlights

Note: Please do not write "see attached/resume"

Education:



Employment Experience:

Professional Licenses:

Previous Appointments:

Honors: Please list all scholarships, fellowships, honorary degrees, honorary society memberships, and other special recognitions for outstanding service or achievements:



References: Please list the name, telephone number and e-mail address of three (3) persons who are willing to serve as references:

Reference Name	Phone	Email

Military Service – (skip if not applicable) List rank, date and type of discharge from active service:

Rank	Date of Discharge	Type of Discharge

Discharge: Were you discharged from military service under anything less than honorable conditions?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please explain:

Are you a member of the Reserves or the National Guard?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, date obligations ends:

MM	DD	YYYY

Vetting (all questions required to be answered)

***Business/Lobbying:** Describe any business relationship, dealing or financial transaction which you have had during the last five years, whether for yourself, on behalf of a client, or acting as an agent which you believe may constitute an appearance of impropriety or could result in a potential conflict of interest in the position to which you want to be appointed. **If none, please state.**



*Are you or have you at any time, been a registered lobbyist?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please provide the name of the organization(s) for which you lobbied:

***Citations:** Have you ever been cited for a breach of ethics for unprofessional conduct, or been named in a complaint to any court, administrative agency, regulatory body, professional association, disciplinary committee, or other professional group?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please provide a detailed explanation:

***Convictions:** Have you ever been convicted of or entered a plea of guilty or nolo contendere or forfeited collateral for any criminal violation other than a minor traffic offense? (Minor traffic offenses do not include the State offenses of operating under the influence of liquor, operating while impaired, reckless driving or the equivalent offenses in other states).

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please provide a detailed explanation:



***Current Charges:** Are you now under charges for any violation of law?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please provide a detailed explanation:

***Opposition/Associations:** Do you have any expectations of any group or individual voicing concern about your possible appointment?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please provide a detailed explanation:

***Delinquencies:** Are you delinquent on any federal, state, or local debt? (Include delinquencies for income, property, or other taxes, governmental loans, overpayment of benefits, required payments into or under governmental programs, and other debts or required payments to the government plus any defaults on or under loans which are or/where guaranteed, insured, or subsidized by any unit government.)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please provide a detailed explanation:



***Issues:** In the last five years, have you been publicly identified, in person or by organizational membership, with a particularly controversial national, state or local issue?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please provide a detailed explanation:

***Submission of Views:** In the last five years, have you submitted oral or written views to any governmental authority, whether executive or legislative, or to the news media on any particularly controversial issue other than in an official governmental capacity?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please provide a detailed explanation:

***Agency Proceedings/Civil Litigation:** In the last five years, have you been, or are you presently a party of interest in any administrative agency proceeding or civil litigation, including any action regarding a professional license?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please provide a detailed explanation:



***Civil Litigation of Affiliates and Family:** In the last five years, has any business in which you, your spouse or partner, any member of your household or other close family members or business associate are or were any officer, director or partner been a party to any administrative agency proceeding or civil litigation relevant to the position to which you have been appointed? (With respect to this question, you need only consider proceedings and litigation that occurred while you, your spouse, close family member or business associate were an officer of that business.)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please provide a detailed explanation:

***Legal Proceedings:** Have you ever been a party or otherwise involved in any legal proceedings- civil or criminal? Include all legal proceedings in which you were a party of interest, a material witness, the subject of a complaint, were named as a co-conspirator or co-respondent, and any grand jury investigation in which you figured as a subject, or in which you appeared as a witness. Do not list proceedings in which you were merely a nominal party where no allegations of wrongdoing were alleged against you.

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please provide a detailed explanation:

***Charges /Associates:** Has a criminal charge been brought against any firm or organization during your affiliation with it?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please provide a detailed explanation:



***Discrimination:** Has a complaint of discrimination on the basis of sex, race, religion, national origin, age or handicap ever been filed against you or against any firm or organization during your affiliation with it?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please provide a detailed explanation:

***Credit History:** Have you ever experienced credit difficulties? Have you ever filed for bankruptcy, or encountered other severe financial difficulties?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please provide a detailed explanation:

***Controversy:** Is there anything in your personal or professional life that would cause controversy for you or the governor during a public review of your candidacy or your service as a gubernatorial appointee?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please provide a detailed explanation:



***Affiliations:** Please list each organization, club, association, or group that you are, or have been a member of, in the past five years.

Demographics

Items marked with an asterisk are required. Items without an asterisk are optional and this information is requested in order to ensure that this administration considers the talent and creativity of a diverse pool of candidates. In addition, specific backgrounds or qualifications are legally required for appointment to some boards and commissions. You may wish to provide this information in order to ensure that you are considered for relevant boards and commissions.

*Date of Birth:		*Registered Voter:	<input type="checkbox"/> Yes <input type="checkbox"/> No
*US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	*MD Resident Since:	
*Application For:	<input type="checkbox"/> New Appointment <input type="checkbox"/> Reappointment		
*MD Legislative District:			
*MD Congressional District			
*Council or Commission District:			
Country of Birth:		Gender:	
Differently Abled Person (specify):		Ethnic Group:	



How did you hear about us? (check all that apply)

CRBC Website	<input type="checkbox"/>
Facebook	<input type="checkbox"/>
Twitter	<input type="checkbox"/>
Search Engine	<input type="checkbox"/>
Friend	<input type="checkbox"/>
Referral	<input type="checkbox"/>
Other	<input type="checkbox"/>

Note: If referral or other please specify.

By submitting this application, you agree to submit to a preliminary background check and you affirm that it contains no willful misrepresentation of falsifications and that this information given by you is true and complete to the best of your knowledge and belief. You should be aware that a false state or misrepresentation is punishable under law by fine or imprisonment or both.

Signature:

Date:
