



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
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<http://boards.mo.gov>

GUBERNATORIAL APPOINTMENT APPLICATION

Application Instructions:

- Complete the entire application form and include current photo and resume. (Please, no biographies.) Failure to respond to any question will make your application incomplete. Please answer “none” or “not applicable” where appropriate.
- You (and your spouse, if applicable) must sign this Application and 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).
- Forward the completed application, along with a current resume and photograph, to our office by mail, fax, or e-mail to:
Office of the Governor, Boards and Commissions
P.O. Box 720
Jefferson City, MO 65101
Fax: (573) 751-1495
E-mail: boards@mo.gov (.pdf format only)
- Questions? Please contact our office at (573) 751-5293.

Board /Commission Applying for: _____

Are you seeking reappointment? Yes [] No []

Full Name: _____
Last *First* *Middle Initial*

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

Social Security No. _____ Driver’s License No. _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Fax: _____
Email Address: _____

Gender: [] Male [] Female Date of Birth (mo/day/year): _____

Marital Status: [] Single [] Married [] Divorced [] Separated [] Widow

Spouse’s Full Name: _____

Your ethnicity (check one):

- [] **White:** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- [] **Black/African American:** All persons having origins in any of the Black original peoples of Africa.
- [] **Hispanic/Latino(a):** All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.
- [] **Asian:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent.
- [] **Native Hawaiian or Pacific Islander:** All persons having origins in any of the original peoples of the Hawaiian Islands and Pacific Islands.
- [] **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- [] **Other: Please self-define:** _____

Are you a United States Citizen? _____

Are you a Missouri resident? _____ How long? _____

Current Residential Address: _____
Street Address

City County State Zip

Are you registered to vote at the above address? _____

Your Congressional District: _____ State Senator: _____

Your State Representative: _____

Political Affiliation: [] Democrat [] Republican [] Unaffiliated [] Other: _____

Current Business Address: _____
Street Address

City County State Zip

Specify your preferred mailing address: Residential [] Business []

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

Address City & State From To

Address City & State From To

Address City & State From To

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

Address City & State From To

Address City & State From To

Address City & State From To

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>Postsecondary Education</i>	<i>Dates Attended</i>	<i>Certificate/Degree Received</i>
<i>Postsecondary Education</i>	<i>Dates Attended</i>	<i>Certificate/Degree Received</i>
<i>Postsecondary Education</i>	<i>Dates Attended</i>	<i>Certificate/Degree Received</i>

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

<i>Employer's Name & Address</i>	<i>Type of Business</i>	<i>Occupation/Job Title</i>	<i>Date</i>
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Membership(s) in professional or civic organizations (please note offices held and dates):

Do you hold 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:

Have you ever been a member of the Armed Forces of the United States, its reserve components, or the National Guard? If yes, please state the branch, service period, and last rank, and please indicate if you did *not* receive an honorable discharge, were ever court-martialed, were ever assessed non-judicial punishment, resigned in lieu of court-martial, or were administratively discharged: _____

Has any civil litigation or garnishment action ever been filed against you? If yes, please identify:

Has any civil order of protection or restraining order relating to domestic violence or any other subject ever been entered against you? If yes, please identify: _____

Have you ever had any civil, administrative, or arbitration judgment or garnishment entered against you or against any business in which you were owner or the majority shareholder? If yes, please identify: _____

Have you ever filed personal bankruptcy or been adjudicated bankrupt? If yes, please provide details: _____

Are you currently in arrears on any court-ordered child support payments? If yes, please identify:

Has any business you have owned, or of which you have been the majority shareholder, ever filed for bankruptcy or been adjudicated bankrupt? If yes, please identify: _____

Have you ever failed to pay any government-insured debt or any debt owed to a governmental entity? If yes, please identify: _____

Have you ever applied for, or held a license for a business, trade, or profession that required proof of good character or an examination? If yes, please identify the license, the issuing authority, and the initial date of licensing: _____

Have you ever been denied such a license, had that license revoked or suspended, or been disciplined with respect to that license? If yes, please identify: _____

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? If yes, please identify: _____

Are all of your federal, state, and local taxes current? If no, please explain: _____

Within the past three years, has any business venture for which you were an owner or person responsible for remitting withholding taxes or sales taxes, failed to pay such taxes in a timely manner? If yes, please explain: _____

Have you or your spouse ever received, other than as an employee, or has any business that you or your spouse owned or of which you or your spouse were the majority shareholder, ever received any income from the Missouri state board or commission to which you seek appointment? If yes, please identify the income: _____

Have you ever been a registered lobbyist in Missouri? If yes, please identify: _____

Do you have, or have you had, any personal, financial, or business interest or dealings that might present a conflict of interest with your proposed appointment? If yes, please identify: _____

Have you ever served as an appointed or elected official, or a volunteer for a political party in Missouri? If yes, please identify: _____

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. 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? If yes, please describe: _____

Have you or your spouse ever been publicly identified, in person or by organizational membership, with a particularly controversial national or local issue, or with an issue under the supervision of the board or commission to which you seek appointment? 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? 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? 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? 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, to your family, the Board/Commission for which you are applying, or to the Governor: _____

References:

Name	Nature of Relationship	Contact Information	Years Known
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CERTIFICATION

I, _____ (print name), certify that the information and statements provided by me on this Application and on the attached materials, are to the best of my knowledge, true and accurate.

Applicant's Signature

Date

Spouse's Signature

Date

Press release:

If you are appointed, the Governor's office will issue a press release announcing your appointment pending completion of the process. Please supply our office with the following information to be used in such a press release, and remember to include a recent photo along with your completed Application and resume:

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

(*If you hold no degrees, please list relevant job or community service experience.)

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 master's of business administration degree from ABC University School of Business.

OR

John A. Doe, 38, of Jefferson City, is the owner and operator of Doe and Associates. Doe previously served as division manager at ABC Company. 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 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 hereunder, 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)