

OPRD GRANT ADVISORY COMMITTEE APPOINTMENT INTEREST FORM

The purpose of this form is to assist OPRD in evaluating the qualifications of an applicant for appointment to a Grant Advisory Committee. Please complete the entire form and return to:

Grant Committee Appointments, OPRD, 725 Summer Street NE, Salem, OR 97301

GRANT ADVISORY COMMITTEE APPOINTMENT(S) DESIRED

Grant Program

Position Requirements, if any

PERSONAL DATA:

Preferred Mailing Address: Home Business

Today's Date: _____

Preferred Title _____ (e.g. Mr., Mrs., Ms, Dr, etc.)

First Name _____ MI _____ Last Name _____

Home Address _____

Mailing Address _____

City _____ State _____ Zip _____ County _____

Spouse's Name (optional) _____

Business Name _____

Business Address _____

City _____ State _____ Zip _____

Occupation _____

Home Phone (_____) _____ Business Phone (_____) _____ ext _____

E-mail address _____

If the information below is unknown see <http://landru.leg.state.or.us/findlegsltr/findset.htm> or call your County Elections Office

Name of your State Senator _____ Senate District # _____

Name of your State Representative _____ House District # _____

Name of your US Representative _____ Congressional District # _____

To assist us in meeting our affirmative action objectives, we would appreciate information about your gender and background. This information is optional. Under state and federal law, this information may not be used to discriminate against you.

Gender

- Male
 Female

Race/Ethnicity

- Asian or Pacific Islander
 Black
 Hispanic

- Native American
 White
 Multiracial/Other

Disability

OPRD COMMISSION APPOINTMENTS BACKGROUND INFORMATION

Furnishing the following information is voluntary, but failure to provide the requested data may preclude selection for appointment. OPRD considers the information on this page to have been submitted in confidence pursuant to ORS 192.502(4). OPRD will not release this page for public inspection unless required to do so. Information submitted on this Interest Form will be maintained confidential to the extent permitted by the Oregon Public Records Law.

OPRD and the Oregon State Police may conduct a background investigation to obtain information about you. Please provide the following information and sign below to permit the investigation to be conducted. For an appointment to a committee, you are expected to comply with all income tax laws.

I hereby authorize the Oregon State Police and OPRD to obtain any and all records pertaining to me on file with the Department of Revenue, the Motor Vehicles Division, law enforcement agencies, credit references or bureaus, and past and present employers, employees, business associates, and acquaintances.

Signature _____ Date _____

- (a) Please provide any other names you have used or been known as: _____
- (b) Are you legally authorized to work in the United States? Yes No
- (c) Have you been disciplined, terminated or asked to resign from a position by an employer within the past 10 years? Yes * No
- (d) Have you ever been convicted, arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation (except minor traffic offenses with a fine of less than \$100.00)?
Yes * No
- (e) Have you ever filed for bankruptcy? Yes * No
- (f) Have you ever held a professional license of any kind? Yes * No
- (g) If you have held a professional license, have you ever had disciplinary action of any nature taken against you with regard to such license? Yes * No
- (h) If you are appointed, is there anything in your background, not covered by questions (a)-(g) above, that might reflect poorly on the State of Oregon or on the committee to which you have applied, if known publicly?
Yes * No

* If your answer to any of the above questions (c) - (h) is "yes," please give full details on the back of this page or a separate sheet of paper.

Name and Home Address (Please Print)

First MI Last

Street

City State Zip

Disclosure of your Social Security number is voluntary. If provided, it may be used to obtain your credit history, to verify your identity and to obtain your criminal history records, if any. Failure to provide your Social Security number for these purposes may delay processing your Interest Form.

Social Security Number _____ - _____ - _____ Driver's License Number _____ State _____

Date of Birth _____ / _____ / _____ Place of Birth _____
Month Day Year City State

Oregon Resident? Yes No If yes, how long have you lived in Oregon? _____

Home Phone: _____ Work Phone: _____ Email: _____