

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:										
DELEGATE DISTRICT 2B										
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

Are you a paid lobbyist for any organization?					
If so, please specify the organization		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you hold, or have you held in the past, an elected or appointed office within Federal, State or local government, or a political party?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Specify Office:					
Specify Dates:					
Have you filed all Federal and State tax returns that are now due or overdue and are all payments thereupon up to date?					
<input type="checkbox"/> Yes	<input type="checkbox"/> No (Explain):				
Have Federal, State or local authorities ever instituted a lien or other collection procedures against you?					
<input type="checkbox"/> No	<input type="checkbox"/> Yes (Explain):				
List the names, business addresses, and business telephone numbers of at least 2 individuals who are familiar with your professional qualifications and who have known you for more than the last five years:					
1.					
2.					
Please attach a resume that includes information concerning your academic background, work experience and professional, political and civic organization affiliations.					
<u>ORGANIZATIONAL AFFILIATIONS:</u>					
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: _____					
<i>Internal Use Only</i>					
CR:	GS:	TQ:	E:		