

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:

Application for:            New Appointment            Reappointment

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_       US Citizen       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?

No       Yes (Specify): \_\_\_\_\_

Do you hold a Maryland license to practice a profession or trade?       Yes       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?

No       Yes (Specify): \_\_\_\_\_

Are you an officer or director of, or engaged in lobbying activity for, any organization?       Yes       No

Specify Organization or Activity: \_\_\_\_\_

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?  Yes  No

Specify Office:

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Specify Dates:

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Have you filed all Federal and State tax returns that are now due or overdue and are all payments thereupon up to date?

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Yes  No (Explain):

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Have Federal, State or local authorities ever instituted a lien or other collection procedures against you?

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No  Yes (Explain):

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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:

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1.

2.

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Please attach a resume that includes information concerning your academic background, work experience and professional, political and civic organization affiliations. If a resume is not available, please supply requested information in spaces provided below.

ACADEMIC BACKGROUND:

WORK EXPERIENCE:

ORGANIZATIONAL AFFILIATIONS:

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: \_\_\_\_\_

Completed forms may be returned to:  
Governors Appointments Office, State House, Annapolis, Maryland 21401-1991  
Phone: (410) 974-2611 Fax: (410) 974-2456 Email: [appointments@gov.state.md.us](mailto:appointments@gov.state.md.us)