Application for Advisory Board or Committee

Return all information to:

E-MAIL PREFERRED
E-mail completed application and materials to: cesley.metcalfe@DOPL.idaho.gov

To mail, send to: Idaho Division of Occupational and Professional Licenses ATTN Cesley Metcalfe
PO Box 83720
Boise, ID 83720-0063

Personal Information

Title	First	Middle	Last	☐ Male ☐ Female
				E-mail Address
Street	City	State	Zip	Phone / Mobile

Are you a current resident of the State of Idaho? ☐ Yes ☐ No

Interests

On which Advisory Board or Committee would you like to serve?

What position do you have interest in, and why would you like to serve in this capacity?

Are you a current State Employee? ☐ Yes ☐ No

If so, what is your job position and how many years have you worked for the State of Idaho?

How did you learn of this position?

List all past boards, commissions, and councils on which you have served, as well as political appointments you have received.

Please list your last three employers and dates worked, if not included on attached resume.

The information set forth above in my application is true to the best of my knowledge. False statements on this application shall be sufficient cause for non-consideration or dismissal after appointment.

Signature _____ Date _____

Except for your name, this application will only be released in response to a public records request upon your written consent.

Authorization for Background Check

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSES
DOPL

Public positions and appointments require a higher degree of scrutiny, so a background check may be required for your appointment. The information provided will be confidential pursuant to state and federal law.

Personal				**Sex**
Title	First	Middle	Last	❒Male ❒Female
Alias Names (include maiden and married names)				Date of Birth

Board Applied For	Driver's License Number	Other ID

Address (please include previous 5 years)

Current Address	City	State	Zip
Alternate Address	City	State	Zip
Previous Address	City	State	Zip

Criminal

Please list **ANY** criminal offenses, including felonies, misdemeanors, or infractions for which you have been convicted, pled guilty, or received a withheld judgment **within your lifetime.**

Conflict of Interest and Non-Disclosure Agreement

Below please list ANY potential conflicts – perceived or actual – that you have related to this position. If necessary, please continue on a separate page. Failure to list all potential conflicts is grounds for removal. Potential conflicts include but are not limited to:

• Any personal, professional, or pecuniary interest that would prevent you from being fair and impartial

• Any current or past legal proceedings against the Division of Occupational and Professional Licenses, any of its affiliated boards, committees or commissions, and/or the State of Idaho.

The information set forth above in my application is true to the best of my knowledge. False statements or omitting any information on this application shall be sufficient cause for non-consideration or dismissal after appointment.

I hereby authorize investigation, without liability, of the information supplied by me in this application and other information, including but not limited to: academic / educational records, occupational history, criminal history, credit records, and government records.

_____ _____

Signature Date

Except for your name, this application will only be released in response to a public records request upon your written consent.