

GUBERNATORIAL APPOINTMENT APPLICATION INSTRUCTIONS

1. The application packet includes the following forms:
 - Application (2 pages)
 - Authorization for Release of Personal Information and Waiver (1 page)
 - State Bar of Nevada Release Form (1 page) – **NOTE:** If you are not an attorney, you do not need to complete and return this form.
2. Please provide a current resume, biography, or curriculum vitae to the Office of the Governor when you submit the application. The biographical information may be provided to the press upon your appointment.
3. Return the completed application and attachments to:

Office of the Governor
Boards and Commissions Deputy
101 N. Carson Street
Carson City, NV 89701

OR return the application by e-mail to: boards@gov.nv.gov

4. Your receipt of this application packet does not indicate that you have been selected or appointed. Accordingly, please be cautious of making any statements to the effect until you have been specifically informed of your appointment. The Governor's Office will notify you of your appointment if you are qualified and selected.
5. Please direct any questions you have regarding the contents of this application packet or the process to the Boards and Commissions Deputy at (775) 684-5670.

Application for Appointment to Position of Trust

Completion of this application and a successful background check is a requirement for your appointment by the Governor to a Board, Commission, Committee, Authority, or other Position of Trust. **Information submitted on this form may be subjected to public disclosure under NRS Chapter 239, Public Records.** Attach additional sheets for additional space if needed for explanations.

Applying for: _____
Name of Board, Commission, Committee, Authority, General Area of Interest, or specific Position of Trust

Please specify which position on the board/commission you qualify for _____

Biographical Information

Legal Name: _____
Last First Middle

Mr. Ms. Mrs. Other: _____ Nickname or Preferred Name: _____
(Check one or fill in "Other")

Have you ever been known by any other legal name? Yes No

If "Yes" list and explain: _____

DOB: _____ Place of Birth: _____

African American Asian/ Pacific Islander Caucasian Hispanic Native American

Are you a U.S. Citizen: Yes No If "No" explain: _____

If you are a naturalized citizen, date of naturalization: _____ Are you a Veteran? Yes No

Spouse's Name: _____

Names and ages of Children: _____

Are you a registered Nevada Voter? Yes No If "Yes" list county of registration: _____

Political Affiliation: _____

Are you a registered lobbyist? Yes No If "Yes" list clients: _____

Preferred contact address: Residence Business Home E-mail Office Email

Residence Address: _____
Street City State Zip

Email: _____ Home Phone: _____ Cell Phone: _____

County: _____

Since what year have you been a continuous resident of Nevada? _____
Number of years at current residence _____

If less than 5 years, list the city you resided during the last 5 years _____

Professional Information

Present Employer: _____
Company/Business Name

Business Address: _____
Street City State Zip

Job Title/Responsibilities: _____

Identify all of your professional license(s) below. You MUST provide a copy of your license with your application.

<u>Type of License</u>	<u>License #</u>	<u>Issue Date</u>	Continuously active since issuance? If no, please explain on a separate page.
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Educational History – specify school attended, year of graduation and type of degree received

High School or high school equivalence (G.E.D.): _____

Undergraduate: _____

Graduate: _____

Background Information – If you answer “yes” to any question below, please submit an explanation on separate page.

1. Have you ever had a grievance or complaint filed with any board that regulates your professional license(s), or had a professional license suspended, revoked or modified? Yes No
2. Have you failed to file federal income tax returns for any of the past 5 years? Yes No
3. Are you, or is any company in which you had a controlling interest, delinquent in filing any local, state or federal taxes? Yes No
4. Have you, or any company in which you had a controlling interest, ever declared bankruptcy? Yes No
5. Are you or any organization that employs you a recipient of any state grant monies? Yes No
6. Is there anything about your past which would be embarrassing for the Governor? Yes No
7. Are you aware of any conflict of interest that might result from your appointment? Yes No
8. Do you currently sit on any other boards or commissions? Yes No

I certify that the facts contained in this application are true and correct to the best of my knowledge. I have reviewed the statutory requirements governing the board(s)/commission(s) in which I have expressed interest and confirm that I meet those requirements. I authorize any person to provide you all the information concerning my qualifications and any pertinent information he/she may have, personal or otherwise, and release all persons who provide you with information concerning my qualifications from all liability for any damages that may result from furnishing the same to you. I further understand and authorize my name be released to the public for the purpose of a press release or utilized on the board or commission’s public website.”

SIGNATURE

DATE

Governor's Office
Authorization for Release of Personal Information and Waiver

State of Nevada
County of _____

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Nevada Governor's Office, whether such records are of public or confidential nature.

The intent of this authorization is to give consent for full and complete disclosure of my driver's history, criminal history, educational background, military personnel records, records of military service, records of financial or credit institutions (including records of loans), records of commercial or retail credit agencies (including credit reports and/or rating), records of the Nevada Department of Taxation, and any other financial statements and records wherever filed, and employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me), and records of local, state, and federal criminal justice agencies.

I understand that any information obtained by personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be used in determining my suitability for the appointment to or in a governmental position of trust. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Governor's Office to be a participant in the determination process of such suitability. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may incurred as a result of furnishing such information.

I hereby release from liability and promise to hold harmless under any and all causes of legal action the State of Nevada and the Department of Public Safety, its officers, agents or employees, and any and all persons or entities who shall furnish information or opinions to the above persons or entities in the pursuance of my background investigation.

I hereby waive, without reservation, any right I may have, now or in the future, to examine, review or otherwise discover the contents of this background investigation and all related documents thereto. This waiver shall apply to any nature whatsoever that may accrue to myself, my heirs, or my personal representative.

A photocopy of this release form will be as valid as the original form, even though the photocopy does not contain my original signature.

I have read and fully understand the contents of this authorization for Release of Personal Information Document

Full Legal Name	Signature
Residence Street Address	Sex
City/State/Zip	Race
Social Security Number*	Date of Birth
Applying for:	Date of Authorization
Name of Board, Commission, Committee, Authority, General Area of Interest, or Specific Position of Trust	

Sworn to and subscribed before me this _____ day of _____, _____

NOTARY PUBLIC

My commission Expires

State Bar of Nevada Authorization for Release of Information

State of Nevada
County of _____

The undersigned, a licensed attorney under consideration for appointment by the Governor of the State of Nevada to a position of trust and being fully cognizant of my responsibility to the public, the Bench, and the Bar of this State, do hereby:

- 1. Authorize the State Bar of Nevada (and the disciplinary authority of any other state in which the undersigned may have practiced law) to answer any inquiries, questions, or interrogatories concerning the undersigned which may be submitted to them by Nevada Governor Brian Sandoval (the Governor) or his authorized representative, and to give full and complete information regarding the undersigned in any of their files and permit the Governor or his authorized representative to inspect and make copies of any documents, records, or other information concerning the undersigned at any time whatsoever; and
- 2. Authorize the State Bar of Nevada and its Disciplinary Board to disclose to the Governor or his authorized representative all confidential disciplinary histories and records concerning the undersigned and to permit the Governor or his authorized representative to inspect and make copies of all such confidential records, disciplinary histories and related information; and
- 3. Waive all confidentiality to any disciplinary information for the purposes of this release; and
- 4. Release and exonerate the Governor, the State Bar of Nevada, and every other person, firm, officer, corporation, association, organization or institution which might be involved in complying with, or receiving information under this release made herein from any and all liability of every nature and kind growing out of or in any way pertaining to compliance with this release.

For the purpose of this release, the undersigned gives permission to use a photocopy of his/her signature on this form as an original signature.

Date of Birth: _____ State Bar Number: _____

Printed Name of Person Waiving Rights

Signature of Person Waiving Rights

Date

Sworn to and subscribed before me this _____ day of _____, _____.

NOTARY PUBLIC

My Commission Expires