



Sonny Perdue
Governor

BOARDS AND COMMISSIONS

HOW TO APPLY

If you are interested in applying for a board or commission, please submit the following:

- 1. A completed and signed application form** (7 pages).
- 2. An updated resume or biography.**
- 3. A list of references.** The names and contact information of at least three (3) references.

For consideration, the three (3) items above may be sent to the address below or faxed to **404-651-5110**.

Office of the Governor
Executive Appointments
111 State Capitol
Atlanta, GA 30334

You will receive an email acknowledging receipt of your application from the executive appointments team (gov.boards@gov.state.ga.us). If you have any questions, please call our office at 404-651-7735 or email gov.boards@gov.state.ga.us.



STATE OF GEORGIA
OFFICE OF THE GOVERNOR

APPLICATION FOR POTENTIAL APPOINTMENT TO A BOARD OR COMMISSION

Application Instructions:

- **This is only an application. No appointment is official without a letter of appointment from the Governor.**
- Complete the entire application packet, which includes:
 - Contact information (2 pages)
 - Questionnaire (2 pages)
 - Georgia Bureau of Investigation Form (1 page)
 - State Bar of Georgia Release Form (1 page)
Note: If you are not an attorney, you do not need to complete and return this form.
 - News Release Checklist (1 page)
- Applicants must attach a current resume or biography.
- Specifically list the names of the boards or commissions to which you are applying (multiple selections are allowed). Paperwork cannot be appropriately processed unless specific boards or commissions are listed.
- Attach additional sheets if additional space is needed for explanations.
- **Information submitted on this form may be subject to public disclosure under the Georgia Open Records Act (O.C.G.A. § 50-18-70).**
- Return application along with your resume to:
Office of the Governor, 111 State Capitol, Atlanta, GA 30334 or by fax at (404) 651-5110 or via email to gov.boards@gov.state.ga.us

Board(s) or Commission(s) for which you would like to be considered:

Your Full
Legal Name: _____ Preferred Name: _____

Employer: _____ Home Address: _____

Job Title: _____ City, State Zip: _____

Business Address: _____ County: _____

_____ Home Phone: _____

Business Phone: _____ Cell Phone: _____

Fax: _____ Home Email: _____

Business Email: _____ Spouse's Full Name: _____

Name(s) of Child(ren) _____



STATE OF GEORGIA
OFFICE OF THE GOVERNOR

Since what year have you been a continuous resident of Georgia? _____

Are you a registered lobbyist? ___Yes ___No If "Yes", which states? _____

State Senator: _____ State Representative: _____
(<http://sos.georgia.gov/cgi-bin/locator.asp> – Find Your Legislator – **MUST BE FROM YOUR HOME ADDRESS**)

Your Party Affiliation: _____ Your Congressional District: _____
(for tracking purposes only)

Are you registered to vote in the State of Georgia? Yes No Are you a citizen of the United States? Yes No

Identify all of your professional license(s) and the following information. Specify if your license(s) are in a name other than the legal name you listed on page 1.

Type of License	License#	Issuance Date	Continuously active since issuance? Y/N
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Educational History- specify school attended, year of graduation and type of degree received

High school equivalence (G.E.D.) _____

Undergraduate _____

Graduate _____

Background Investigation

If you answer “Yes” to any of the following questions, please submit an explanation on a separate page.

1. Have you ever had your driver’s license suspended or revoked? Yes No
2. Have you ever been convicted of, pled nolo contendere or pled guilty to a motor vehicle offense, including traffic offenses? Yes No
2. Have you ever been arrested or been the subject of a criminal complaint or indictment? Yes No
3. Have you ever been convicted of, pled nolo contendere or pled guilty to a crime? Yes No
4. Have you personally or has any company in which you were a principal ever been the subject of a criminal investigation? Yes No
5. In any of your employments, businesses, or professional associations have you ever been disqualified, discharged, or resigned from a position with charges pending against you? Yes No
6. Have you ever had any grievance or complaint filed with any board that regulates your professional license(s) or had a professional license suspended, revoked, or modified? Yes No
7. Have you ever had a public order, private order, or any other type of sanction or reprimand entered against you or your professional license? Yes No
8. Have you failed to file federal or state income tax returns for any of the past five (5) years? Yes No
9. Are you or any company in which you have a controlling interest delinquent in filing any local, state, or federal taxes? Yes No
11. Have you ever defaulted on a student loan? Yes No
12. Have you ever been investigated, reprimanded, or fined by a state or federal agency? Yes No
13. Have you or any company in which you have a controlling interest ever been suspended from doing business with any state or federal agency? Yes No
14. Do you have any interest in any company that does business with the State of Georgia? Yes No

15. Are you or any organization that employs you the recipient of any state grant monies? Yes No
16. Do you serve on any local or state board, commission, council, authority, or in any elected office? If yes, please list. Yes No
17. Are you, or is any member of your family, currently an employee of any federal, state, or local government? Yes No
18. Have you been the subject of any previous background check due to appointment to a federal, state, or local agency or board? Yes No
19. Do you object to submitting to a background check, which may access your criminal history, driving history, credit history, state and federal income tax payment history, child support payment history, and educational loan payment history? Yes No
20. Are you aware of anything about your past which, if disclosed, would be embarrassing for the Governor? Yes No
21. Are you aware of any conflict of interest that might result from your appointment to the state board or commission in which you are applying? Yes No
22. Do you object to filing an annual financial disclosure in accordance with the Georgia Ethics in Government Act (O.C.G.A. § 21-5-50), if applicable? Yes No

The information provided on this application is true and correct to the best of my knowledge.

Signature

Date

Georgia Bureau of Investigation - Authorization for Release of Personal Information

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Georgia Bureau of Investigation, whether such records are of a public, private or confidential nature.

The intent of this authorization is to give consent for full and complete disclosure of all records 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 Georgia Department of Revenue, and any other financial statements and records wherever filed, as well a U.S. Veterans Administration records, records of Department of Human Resources Child Support Enforcement, 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 a 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 Georgia Bureau of Investigation 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 be incurred as a result of furnishing such information.

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-Printed

Signature

Residence Street Address

Sex

Race

City/State/Zip

Date of Birth

Social Security Number

Date of Authorization

State Bar of Georgia – Authorization for Release of Information

State of Georgia

County of _____

The undersigned, being a candidate for appointment by the Governor of the State of Georgia to a position of state court judge, state court solicitor, district attorney or any other position of trust and being fully cognizant of the responsibility to the public, the Bench, and the Bar of this State, does hereby:

1. Authorize the State Bar of Georgia and its Disciplinary Board (and the disciplinary authority any other state in which the undersigned may have practiced law) to answer any inquires, questions, or interrogatories concerning the undersigned which may be submitted to them by the Georgia Bureau of Investigation (GBI) or its authorized representative, and to give full and complete information regarding the undersigned in any of their files and permit the GBI or its authorized representative to inspect and make copies of any documents, records, or other information concerning the undersigned and any grievance or complaint which might have been made against the undersigned at any time whatsoever; and
2. Authorize the State Bar of Georgia and its Disciplinary Board to disclose the Georgia Bureau of Investigation or its authorized representative all confidential disciplinary histories and records concerning the undersigned and to permit the GBI or its 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 pursuant to State Bar Rule 4-221 (d) for the purposes of this release; and
4. Authorize the Georgia Bureau of Investigation to disclose to the Governor of the State of Georgia and authorized representatives of the Governor all information, documents, records, disciplinary histories, and other confidential information obtained by this release; and
5. Release and exonerate the Governor of the State of Georgia, the State Bar of Georgia, the Georgia Bureau of Investigation, 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 ways 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 Candidate

Signature of Candidate

IN WITNESS WHEREOF the undersigned has set his/her hand and seal this the _____ day of _____, 20____

Sworn to and subscribed before me this _____ day of _____ 20____

NOTARY PUBLIC

My commission expires: _____

If appointed, a press release will be issued announcing your appointment pending the completion of the appointment process with the Governor's Office. Please supply our office with the following information that you would like to be included in the press release.

**NEWS RELEASE CHECKLIST
For Executive Appointments**

Full Name: _____

Date of Birth: _____

Current City of Residence: _____

Education: _____

Work History: please attach

Spouse's Name: _____

Children/Grandchildren's Names and Ages: _____

Please list any professional affiliations, civic and/or community groups, etc.
