



APPLICATION FOR BOARDS AND COMMISSIONS

OFFICE OF THE GOVERNOR

SFN 7387 (7-2001)

FOR OFFICE USE ONLY

Appointed To
Date

Board or Commission for which you are applying:

YOUR NAME (Last, First, Middle)	County	Legislative District Number	
Permanent Mailing Address	City	State	Zip Code
Present Mailing Address (If different)	City	State	Zip Code
Your Occupation - Title	Business Phone Number	Residence Phone Number	
Employer Name	Email Address		
Employer Address	City	State	Zip Code

EDUCATION AND GENERAL QUALIFICATIONS

LEVEL	NAME OF SCHOOL	LOCATION	No. Years Attended	Did You Graduate?	Major Course(s) of Study
High School					
College					
Trade/Business/Correspondence					
Memberships in Organizations and Offices Held. Indicate Date Held					
Volunteer Activities Indicate if Past or Present					
Your Special Skills and Qualifications					

REFERENCES (list three persons, not related to you, whom you have known for at least one year.)

NAME	ADDRESS	PHONE NUMBER	YEARS ACQUAINTED

I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my qualifications and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damages that may result from furnishing the same to you.

I am am not at least eighteen (18) years of age.

RETURN COMPLETED FORM TO:
Office of the Governor
600 E. Boulevard - Ground Floor
Bismarck, North Dakota 58505-0001

SIGNATURE _____

DATE _____