



COMMISSIONER APPOINTMENTS APPLICATION



Please complete the entire form and return to: Department of Public Safety, State Fire Marshal Division 215 East 7th Street, Des Moines, IA 50319 Phone: (515) 725-6145 Fax: (515) 725-6140

BOARD POSITION APPOINTMENT DESIRED: (please select one)

- ___ Fire Service Member ___ Dry Industry Member
___ Member of the Public ___ Wet Industry Member
___ Fire Sprinkler Industry Member ___ Fire Alarm Industry Member
___ Building Official Member ___ Security Alarm Industry Member
___ Professional Engineer Member ___ Medical/Nurse Call Industry Member

I. Personal Information

Salutation ___ First Name ___ MI ___ Last Name ___

Legal Residence _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Email Address _____

Occupation _____

Employer or Business Name _____

Work Address _____

City _____ State _____ Zip _____ County _____

Business Phone _____ Fax _____ Cell Phone _____

To assist us in providing balance and to meet our goal of increased diversity within the membership of boards and commissions, we appreciate your response to these questions. Under state and federal law, this information may not be used to discriminate against you.

Of what race or ethnicity do you consider yourself to be?

- ___ Black/African-American ___ White/Caucasian ___ Latino/Hispano ___ Asian or Pacific Islander
___ American Indian or Alaskan Native ___ Other (please specify) _____ Gender: ___ Female ___ Male

Have you ever been on active duty in the U.S. Armed Forces? ___ Yes ___ No

Are you a citizen of the United State? ___ Yes ___ No

Are you registered to vote in Iowa? ___ Yes ___ No

Indicate political affiliation: ___ Democrat ___ Republican ___ No Party Affiliation

This form assists in evaluating the qualifications of applicants for appointment to a board or commission. State law requires that most boards and commissions be balanced according to gender, political affiliation, and geographical diversity. Iowa Code section 69 encourages minority and young adult representation. Appointments are made to most boards and commissions annually. Sections I and II of the application are public information.

II. Professional Background

A current resume may be submitted for this section.

EDUCATION

List schools attended, include high

School

City & State

Dates

Degree/Major

EMPLOYMENT & EXPERIENCE List major paid employment, previous appointments to boards and commissions, and significant volunteer activities. List chronologically beginning with most recent experience.

Dates

Employer/Organization

City & State

Title/Position

INTEREST IN APPOINTMENT Describe in detail why you are interested in serving on a state board or commission. Include information about your background that supports your interest. *You may complete this section on a separate sheet of paper.*

Professional Licenses Held _____ Date Issued _____

I will accept appointment if selected by the Commissioner and if appointed I pledge my best efforts to resolve, before assumption of office, any conflicts of interest that would be inconsistent with any responsibilities as a gubernatorial appointee.

Signature _____ Date: _____

III. EXECUTIVE APPOINTMENTS – BACKGROUND INFORMATION The following information is not required by law, and will be deemed to have been submitted to the Department of Public Safety in confidence. The information contained within this application will only be used for purposes of the appointment process. This information will not be made available to public inspection (except as required by Iowa Code Chapter 22).

If your answer to any of the following is “yes,” please give full details on a separate sheet of paper.

- A. Have you ever been arrested or taken into custody? YES ___ NO ___
- B. Have you ever been charged with, convicted of, pled guilty to, or received a deferred judgment or sentence for any crime of violation? (Including OWI, DWI, DUI or reckless driving.) Exclude simple traffic offenses resulting in fines less than \$250. YES ___ NO ___
- C. Have you ever been investigated for professional misconduct, been the subject of any professional complaint or disciplinary proceeding? If you have a professional license, have you ever received a private reprimand or admonition, or had any professional license or permit revoked or restricted upon a finding of professional misconduct? YES ___ NO ___
- D. Have you ever been placed on a child abuse, adult abuse or sex offender registry? YES ___ NO ___
- E. Have you ever been subject to a tax forfeiture action or have you ever filed for personal or business bankruptcy? YES ___ NO ___
- F. Have you ever been dishonorably discharged from military service? YES ___ NO ___
- G. Have you ever been a party to or testified in a criminal or civil court proceeding? YES ___ NO ___
- H. Do you have any legal interest that would cause you to have, or cause others to perceive you to have, a conflict of interest with respect to the board or commissions concerning which this application is submitted? YES ___ NO ___
- I. Before a decision regarding an appointment is made, a careful examination of your background will be conducted. Is there anything in your past conduct that may raise concerns? YES ___ NO ___

The Iowa Department of Public Safety may conduct a background investigation to obtain information about you. Please provide the following information and sign below to permit the investigation to be conducted.

First Name _____ MI _____ Last Name _____

Legal Residence _____

City _____ State _____ Zip _____

Social Security Number _____ - _____ - _____ Driver's License Number _____ State of Issue _____

Birthdate: ____/____/____ Place of Birth (City and State) _____

I hereby authorize the Iowa Division of Criminal Investigation and the Commissioner's Office to obtain any and all records pertaining to me on file, including but not limited to the Department of Revenue, the Motor Vehicle Division, the Department of Human Services, law enforcement agencies, credit references or bureaus, educational institutions, licensing boards or authorities, past and present employers, business associates, and acquaintances. I agree that this information may be utilized by the Commissioner's office for any decision that directly relates to my application or appointment.

Signature _____ Date: _____