



INTEREST FORM FOR EXECUTIVE APPOINTMENT TO THE MANUFACTURED STRUCTURES AND PARKS ADVISORY BOARD

The purpose of this form is to assist the director of the Department of Consumer and Business Services and staff in evaluating the qualifications of an applicant for appointment to the Manufactured Structures and Parks Advisory Board. Please complete the entire form and return to:

*Administrator, Building Codes Division, P.O. Box 14470, Salem, OR 97309-0404
Phone (503) 378-4150 Fax (503) 378-2322
www.bcd.oregon.gov (this form is available on the Web page)*

BOARD/COMMISSION APPOINTMENT(S) DESIRED

1st Choice, Position Requirements, if any as listed in ORS 446.280

2nd Choice, Position Requirements, if any, as listed in ORS 446.280

PERSONAL DATA

Preferred Mailing Address: Home Business

Preferred Title _____ (e.g. Mr., Mrs., Ms., Dr., etc.)

First Name _____ MI _____ Last Name _____

Home Address _____

Mailing Address _____

City _____ State _____ ZIP _____ County _____

Spouse's Name (optional) _____

Business Name _____

Business Address _____

City _____ State _____ ZIP _____

Occupation _____

Home Phone (_____) _____ Business Phone (_____) _____ ext. _____

E-mail address _____ Cell Phone (_____) _____

If the information below is unknown see <http://landru.leg.state.or.us/findlegsltr/findset.htm> or call your County Elections Office.

Name of your State Senator _____ Senate District # _____

Name of your State Representative _____ House District # _____

Name of your U.S. Representative _____ Congressional District # _____

To assist us in meeting our affirmative action objectives, we would appreciate information about your gender and background. This information is optional. Under state and federal law, this information may not be used to discriminate against you.

Gender

- Male
- Female

Race/Ethnicity

- Asian or Pacific Islander
- Black
- Hispanic
- Native American
- White
- Multiracial/Other

Disability

EDUCATION Schools attended, include high school. *A current resume may be substituted for this section.*

School	City & State	Dates	Degree/Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT & EXPERIENCE List major paid employment and significant volunteer activities. *A current resume may be substituted for this section.*

Dates (from-to)	Employer/Organization	City & State	Title/Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INTEREST IN APPOINTMENT Describe in detail why you are interested in serving on the Manufactured Structures and Parks Advisory Board. Include information about your background that supports your interest. *You may complete this section on a separate sheet.*

One area of inquiry prior to appointment will be whether you or your spouse may have a conflict of interest between private life and public service.

I will accept appointment if selected by the director of the Department of Consumer and Business Services and if appointed, I pledge my best efforts to resolve, before assumption of office, any conflicts of interest that would be inconsistent with my responsibilities as a director's appointee.

Signature _____ Date _____

EXECUTIVE APPOINTMENTS BACKGROUND INFORMATION

Furnishing the following information is voluntary, but failure to provide the requested data may preclude selection for appointment. The Director's Office considers the information on this page to have been submitted in confidence pursuant to ORS 192.502(4). The Director's Office will not release this page for public inspection unless required to do so. Information submitted on this Interest Form will be maintained confidential to the extent permitted by the Oregon Public Records Law.

The director's staff and the Oregon State Police 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. For an appointment to the Manufactured Structures and Parks Advisory Board you are expected to comply with all income tax laws.

I hereby authorize the Oregon State Police and the Director's Office to obtain any and all records pertaining to me on file with the Department of Revenue, the Motor Vehicles Division, law enforcement agencies, credit references or bureaus, and past and present employers, employees, business associates, and acquaintances.

Signature _____ Date _____

- (a) Please provide any other names you have used or been known as: _____
- (b) Are you legally authorized to work in the United States? Yes No
- (c) Have you been disciplined, terminated, or asked to resign from a position by an employer within the past 10 years? Yes * No
- (d) Have you ever been convicted, arrested, detained, charged, indicted, or summoned to answer for any criminal offense or violation (except minor traffic offenses with a fine less than \$100)? Yes * No
- (e) Have you ever filed for bankruptcy? Yes * No
- (f) Have you ever held a professional license of any kind? Yes * No
- (g) If you have held a professional license, have you ever had disciplinary action of any nature taken against you with regard to such license? Yes * No
- (h) If you are appointed, is there anything in your background, not covered by questions (a) - (g) above, that might reflect poorly on the State of Oregon or on the Board to which you have applied, if known publicly?
Yes * No

* If your answer to any of the above questions (c) - (h) is "yes," please give full details on the back of this page or a separate sheet of paper.

Name and Home Address (Please Print)

First MI Last

Street

City State ZIP

Disclosure of your Social Security number is voluntary. If provided, it may be used to obtain your credit history, to verify your identity, and to obtain your criminal history records, if any. Failure to provide your Social Security number for these purposes will delay processing your Interest Form.

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

Date of Birth _____ / _____ / _____ Place of Birth _____
Month Day Year City State

Oregon Resident? Yes No If yes, how long have you lived in Oregon? _____

Home Phone: _____ Work Phone: _____ E-mail: _____