

**STATEWIDE INDEPENDENT LIVING COUNCIL**

**Appointment Background Information**

**NAME OF APPLICANT:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **SELF EMPLOYED?** \_\_\_\_\_

**EMPLOYER/NAME OF BUSINESS:** \_\_\_\_\_

**ADDRESS/ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

(For Public Use: \_\_\_ Yes \_\_\_ No)

**E-MAIL ADDRESS:** \_\_\_\_\_

**EMPLOYMENT DATE:** \_\_\_\_\_

**WYOMING RESIDENCY (Years):** \_\_\_\_\_

**DISABILITY (If any):** \_\_\_\_\_

**EDUCATION/DEGREES:** \_\_\_\_\_

**Please explain your interest in serving on this Council (new appointments only):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER COMMITTEE MEMBERSHIPS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Return to:**

**Statewide Independent Living Council  
1100 Herschler Building  
Cheyenne, WY 82001  
(307) 777-7191  
(307) 777-7155 FAX**

## **APPLICATION FOR GUBERNATORIAL APPOINTMENT**

- Complete a separate application for each Board, Commission, or Council for which you are interested in being considered.
- The application may be copies for multiple applications, or to distribute to anyone interested in serving on a Board, Commission, or Council.
- Please complete all blanks, being as thorough as possible. A cover letter or resume is welcome to accompany the application.
- It is valuable in the appointment process to include, or have sent, recommendation letters from those who know you personally in your community.
- Some appointments require special qualifications, such as party affiliation, district, county, geographical location, discipline, etc. The Governor's office is happy to answer questions about your eligibility before you complete an application. For statutory requirements of Boards, Commissions, and Councils, please call the Deputy Chief of Staff, Carolyn A. Teter, at 307-777-7434.
- Applications are kept for approximately two years. However, it is up to the applicant to re-activate an application for future vacancies. Applicants will not be notified when applications expire.
  - *Be sure to sign and date the application.* We appreciate your taking the time and interest to complete this short form. It is information that is needed for the appointment process, and it helps the Governor to make better informed choices.

*Return the application to:* Office of the Governor  
State Capitol  
Cheyenne, WY 82002

**THANK YOU FOR YOUR DESIRE TO SERVE THE PEOPLE OF THIS GREAT STATE!**

## APPLICATION FOR GUBERNATORIAL APPOINTMENT

Board, Commission, or Council in which you are interested:

NAME:

ADDRESS:

PHONE: (H)

(W)

Occupation, Profession, or Job Title

Circle:- Fulltime      Parttime      Retired      Volunteer

*The questions of race, gender, and age are for informational purposes only. It is your choice to provide, or not to provide, the information.*

Race:

Circle: -Male

Female

Circle Age Group: Under 18

18-24

25-40

41-55

56-over

Describe Concisely Work Performed and Years of Experience

Last Grade Completed:

List Degrees, Schools, Dates

Political Affiliation:

Registered at least 6 mos. with this party?

Boards, Commissions, Councils, or Other Organizations to Which You Currently Belong and any Offices Held:

Please List Current Activities: (i.e., In the Areas of Health, Social Services, Education, Recreation, Youth, Aging, Government, Community Relations, Art History, Agriculture, etc.)

Please List Any Restrictions Regarding Availability to Serve if Appointed

Noteworthy Special work (i.e., Publications, Speaking Engagements, Honors Received, etc.)

Skills or Hobbies

Additional Information

Signature

Date

Please use additional sheets if necessary