



Jim Pillen
Governor

STATE OF NEBRASKA

OFFICE OF THE GOVERNOR
P.O. Box 94848 • Lincoln, Nebraska 68509-4848
Phone: (402) 471-2244 • jim.pillen@nebraska.gov

Application for Executive Appointment

Name of Board or Commission appointment you are applying for

Please list any other Boards or Commissions, which you are currently serving on or previously have served on

Personal Information

Name: (please type or print last name, first name, and middle initial)

Legal Residence Street City State Zip County
Business Address Street City State Zip County

Home Phone: Cell/Pager: Work Phone:

Email Address:

Occupation:

Are you a United States Citizen or legally able to work in the United States? Yes No
Congressional District (1, 2, or 3): Your State Senator:

Are there currently or has there ever been any disciplinary actions, suspensions or revocations of any licenses that you have been issued by any agency of federal, state or local government? Yes No
If Yes, explain the circumstances on a separate sheet and attach to application.

I hereby certify that neither I, nor any member of my immediate family, nor any other party having influence over me, has a material, personal or financial interest with any matter, under the discretion or jurisdiction of the board or commission for which I applied. I further certify that no other relationship, bias or ethical conflict exists which will prevent me from fulfilling my duties if appointed. Yes No

Have you ever published, posted, or said anything, which could be construed as discriminatory? Yes No
If Yes to the question above, provide a link to the post here:

Some appointments require specified partisan membership; therefore, we ask that you indicate your political affiliation:
Republican Democrat Independent Other (specify):

Some boards/commissions have gender composition requirements. Although answering the following question is optional, it assists with meeting these requirements: Female Male

Employment

Statutes require some board appointees meet specific employment criteria. List employment beginning with the most recent experiences. A resume or additional information is optional.

Employer	Occupation	Address	Dates
----------	------------	---------	-------

PLEASE COMPLETE REVERSE SIDE

Education

Schools attended including High School:

School	Location	Major/Degree
--------	----------	--------------

Additional Information

Please list additional supportive information about yourself, your experiences, and background, including any board or commission you have served on in the past, honors or awards you have received, and other volunteer activities.

AREAS OF INTEREST:

Agriculture	Cultural	Economic Development	Education	Environment	
Finance	Government	Health	Human Services	Labor	Nominating Commissions
Legal/Law Enforcement	Roads	Transportation			
Other, please list					

References

List names, addresses, and phone numbers of at least three people who may be contacted for references:

- 1.
- 2.
- 3.

If you have recently prepared a biography or resume, PLEASE ATTACH IT TO THIS FORM.

Please note that completed applications and additional application material that you provide may be subject to public information requests.

Some executive appointments are subject to confirmation by the Nebraska Legislature. One area of inquiry will be whether you or your spouse have a conflict of interest. An investigation into your background may be conducted by the Nebraska State Patrol prior to your appointment.

I hereby grant the Governor's Office and the Nebraska State Patrol permission to obtain, and provide the Governor, any and all records pertaining to me from the Department of Revenue, Department of Motor Vehicles, Law Enforcement Agencies, credit bureaus, past and present employers, employees, business associates, affiliations, and acquaintances.

As a citizen of the United States or person legally able to work in the United States and a resident of this state, I will accept appointment if selected by the Governor. 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 gubernatorial appointee.

Name (please print)

Signature

Date

Return completed form to:
Pat Selk Administrative Assistant to the Governor and Lieutenant Governor,
Nebraska Governor's Office, State Capitol, Box 94848, Lincoln, NE 68509-4848 402/471-2256 | FAX
402/471-6031 | pat.selk@nebraska.gov