



STATE OF RHODE ISLAND OFFICE OF GOVERNOR DANIEL J. MCKEE

APPLICATION FOR GUBERNATORIAL APPOINTMENT

Thank you for your interest in serving on a board or commission in the State of Rhode Island. We will require a copy of your resume with complete education, employment, and professional history information for all appointments. Please be advised that certain appointments have additional statutory or other requirements. The Governor's office will process your application and contact you with any further questions or other required follow-up. Please respond to all questions completely and with the highest degree of transparency.¹ Please return this completed form and your resume to gov.boardsandcommissions@governor.ri.gov.

GENERAL

1. Which board(s), commission(s), and/or council(s) are you applying for?

2. Please list your full name, date of birth, the last four digits of your Social Security number, office and home address(es), cellular and home telephone number(s) and e-mail address.

3. List any names, including your maiden name, if applicable, that you have used at any time other than that listed in response to Question 1.

¹ Your answers to the application will not necessarily disqualify you from being appointed to a board or commission.

4. Are you a year-round Rhode Island resident?

EXPERIENCE, EDUCATION, and EMPLOYMENT

5. List the name and address of your most recent school(s) attended, dates of attendance, degree awarded, academic awards and reason for leaving school if no degree was awarded. (You may cross-reference your resume if all requested information included.)

6. List your employment history in chronological order. Include dates, names, addresses, and position(s) held for all employers, and the reason for leaving each position. (You may cross-reference your resume if all requested information included.)

7. Please list, in chronological order, any significant public, educational or charitable activities, community agencies or social programs in which you have taken part, giving dates and leadership positions held. Include all non-profit organizations with which you have been affiliated in the last five (5) years as an officer, member, director or trustee.

8. List the dates of any military service, branch served, and rank or status at time of discharge.

9. Have you ever been elected or appointed to public office (including other boards or commissions)? If yes, please list, including dates held.

10. Have you held or do you hold an occupational or professional license or certificate in Rhode Island or any other state? If yes, please list, including dates held.

11. Have you been, or are you now, a registered lobbyist? For purposes of this question, the term "lobbyist" shall be as defined in R.I. Gen. Laws § 42-139.1-3(5).

12. Can you effectively perform all duties, with or without a reasonable accommodation?

13. Please list three persons unrelated to you that we can contact as a reference for your appointment. Please include name, occupation, address, email, and phone number.

OTHER

14. Have (1) you, (2) any member of your immediate family (includes: spouse, domestic partner, child, parent, or sibling), or (3) any business in which you or an immediate family member has been an owner, officer, or employee had any contractual or other direct dealings with the State of Rhode Island or any government agency during the last 5 years? For purposes of this question, the term “domestic partner” is as defined in R.I. Gen. Laws § 36-10-40. If yes, please list all in detail.

15. Have you ever been arrested, convicted, or investigated for the violation of any federal, state, or local law, regulation or ordinance other than a traffic violation? If so, please provide all details and final disposition. For the purpose of this question, “traffic violation” is defined as parking and speeding violations. This question does not apply to applicants for a compensated board or commission; if you are an applicant for such a board or commission and have relevant information in response to this question, please check here

16. Are you or have you ever been a party to or been involved in any legal proceedings, including any threatened litigation? If so, please provide all details, including relevant case information.

17. Have you ever been the subject of a complaint alleging unprofessional conduct, unethical conduct, sexual harassment, or any other conduct? If so, please describe in detail.

18. Have you ever been disciplined (either formally or informally) for unprofessional conduct, unethical conduct, sexual harassment, or any other conduct by any court, administrative agency, professional association, disciplinary committee, employer, or other professional organization? If so, please describe in detail.

19. Is there any information that may reflect adversely on your personal or professional background or qualifications, or which you think might be so interpreted by others, or which otherwise may cause embarrassment, that the Governor should know in the interests of full disclosure? If so, please describe in detail.

VOLUNTARY SUPPLEMENTAL QUESTIONNAIRE

The following optional information is requested to ensure that the Governor’s Office considers the talent and experience of a diverse pool of candidates. In addition, specific representation is statutorily required on certain boards and commissions. Your voluntary responses to the following questions help the Administration ensure compliance with such requirements.

Political Affiliation

- Democrat _____
- Independent _____
- Republican _____
- Unaffiliated _____
- Not Registered _____
- Other _____

Gender _____

Race and Ethnicity (Please indicate all that apply to you)

Black or African American _____
Hispanic or Latino _____
American Indian or Alaska Native _____
Asian or Asian American _____
White _____
Native Hawaiian or Pacific Islander _____
Middle Eastern _____
Other _____

Do you identify as a member of the LGBTQIA+ community?

Yes _____
No _____

Are you a veteran?

Yes _____
No _____

Are you disabled?²

Yes _____
No _____

² All persons with a physical or mental impairment that substantially limits one or more major life activities. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working. A major life activity also includes the operation of a major bodily function, including, but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. A history of such disability, or the belief on the part of others that a person has such a disability, whether it is so or not, also is recognized as a disability by the regulation.

AUTHORIZATION AND ATTESTATION

We will conduct a background investigation for certain board appointments. The Governor’s Office treats the information obtained for purposes of Gubernatorial appointments as confidential and such information shall not be disclosed to third parties, except as set forth herein or as otherwise required by law.

By signing below, I hereby authorize that my criminal record history be released to the Governor or the Governor’s representatives. I further authorize the disclosure of my application, and all related materials submitted in connection therewith, to the Rhode Island Senate should I be appointed by the Governor to a position that requires the advice and consent of the Senate.

By signing below, I certify that the information in this application is true, complete, and correct.

SIGNATURE: _____

Print Full Name: _____

Date: _____