



BOARDS AND COMMISSIONS
OFFICE OF THE GOVERNOR
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BOARDS AND COMMISSIONS APPLICATION FORM

Complete and specific answers will aid in rapid and accurate processing of your application. Please type or print legibly in ink. Please return by email, fax, or mail. Be sure your answers are true. A willfully false answer may result in your disqualification or removal from office if you are appointed.

Title: _____ Legal Name: _____ Email: _____

Mailing Address: _____

Physical Address: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Alternate Email: _____

Birthdate: _____ (Many boards require a specific age for eligibility.)

AS 39.05.100 requires that a person appointed to a state board or commission be a registered voter prior to the most recent general election:

Are you a registered voter: ☐ YES ☐ NO Voter Registration Number (optional): _____

Have you ever been convicted of a misdemeanor or a felony? ☐ YES ☐ NO

If "YES", explain the circumstances. (Use a separate sheet of paper and attach it to this application). A conviction is not necessarily grounds for disqualification. The number of convictions, nature, recentness, and relevance to the board position applied for, will be evaluated and a determination will be made after a review of all relevant facts.

LEGISLATIVE CONFIRMATION: Certain boards and commissions require appointees to be affirmed by the legislature.

If required for the board or commission for which you are applying, are you willing to do so? ☐ YES ☐ NO

CONFLICTS OF INTEREST: Certain boards and commissions require full disclosure of personal financial data under AS 39.50.010.

If required for the board or commission for which you are applying, are you willing to do so? ☐ YES ☐ NO

Could you or any member of your family be affected financially by decisions to be made by the board or commission for which you have applied? ☐ YES ☐ NO

If "YES", explain (use a separate sheet of paper if needed):

The following questions are required unless a resume is attached. Use additional paper if necessary.

TRAINING AND EXPERIENCE:

1. List any professional licenses (include number), certifications, or registrations and dates obtained that may be used as qualifying criteria:

2. List both formal and informal education and training experiences:

3. List any community service, volunteer positions, awards received, and any elected position(s) held (such as president of a service organization or a mayor):

4. List employment history:

5. List any other state boards or commissions on which you currently or previously have served:

Indicate the top eight boards/commissions of interest by number with #1 as your preference.

	2020 Census Commission		Historical Records		Permanent Fund
	Accounting Board		Homeless Council		Personnel Board
	Aerospace		Housing Finance Corporation		Pharmacy Board
	Aging Commission		Human Rights Commission		Physical/Occupational Therapy
	Agriculture & Conservation		Humanities Forum		Pioneer's Home Advisory
	Alcohol/Drug Abuse Board		Independent Living Council		Police Standards Council
	Alcoholic Beverage Control Board		Interstate Adult/Juvenile Offender		Postsecondary Education
	Architects/Engineers/Surveyors		Industrial Development/Export		Professional Counselors
	Assessment Review		Judicial Conduct		Professional Teaching Practices
	Aviation Advisory		Judicial Council		Psychologist/Psychological
	Bald Eagle Preserve		Juvenile Justice Advisory		Public Offices Commission
	Bar Association		Labor Relations Agency		Railroad Corporation
	Barbers & Hairdressers Board		Libraries Advisory		Roadless Rule Citizen
	Bering Sea Fishery Advisory Board		Local Boundary Commission		Roads and Highways
	Big Game Commercial Services		Maricultural Task Force		Real Estate Appraisers
	Boating Safety Council		Marijuana Control Board		Real Estate Commission
	Broadcasting Commission		Marine Pilots		Regulatory Commission
	Chiropractic Examiners		Marine Transportation Board		Renewable Energy Fund
	Clemency Advisory Committee		Marital & Family Therapy		Retirement Management Board
	Commercial Fisheries Entry		Medical Board		Royalty Oil & Gas Development
	Commercial Fishing/Agriculture Bank		Mental Health Board		Safety Advisory Council
	Controlled Substances		Mental Health Trust Authority		Seafood Marketing Institute
	Criminal Justice Information		Midwives		Seismic Hazards Safety
	Criminal Justice Commission		Minerals Commission		Serve Alaska
	Dental Examiners Board		Municipal Bond Bank		Social Work Examiners
	Disabilities/Special Education		Native Language Preservation		State Officers Compensation
	Domestic Violence/Sexual Assault		Natural Resources Conservation		State Interoperability Board
	Education & Early Development		North Pacific Anadromous Fish		Student Loan Corporation
	Education Commission/States		North Pacific Fisheries Management		Subsistence Resource Commission
	Edu. Opportunity Military Children		North Pacific Research Board		Suicide Prevention Council
	Emergency Medical Services		Nursing		UA Board of Regents
	Emergency Response Commission		Occupational Safety		Veterans Advisory Council
	Emerging Energy Technology Fund		Oil & Gas Conservation Commission		Veterinary Examiners
	Energy Authority		Oil & Gas Competitiveness Review		Violent Crimes Compensation
	Fire Standards Council		Optometry Examiners		Vocational Rehabilitation
	Fisheries		Pacific Marine Fisheries		Water and Wastewater Works
	Fisherman's Fund		PSC - Commissioners		Western Interstate Comm/Higher Ed.
	Forestry		PSC - Northern		Wood-Tikchik State Park
	Game		PSC - Transboundary		Worker's Compensation
	Gasline Development Corporation		PSC - Yukon River		Worker's Compensation Appeals
	Historical Commission		Parole Board		Workforce Investment Board

The Office of the Governor and the State of Alaska have an Affirmative Action Equal Employment Opportunity Program. To assist in the program, you are asked to voluntarily answer the following questions to provide the information necessary for reporting purposes. Under State and Federal law, the information you provide will not be used to illegally discriminate against you.

DATE OF BIRTH: _____

GENDER: Female Male

ETHNICITY:

Alaska Native

American Indian

Asian or Pacific Islander

African American

Hispanic

White

Other or Decline to self-identify

MILITARY SERVICE (if applicable, give dates): _____

CERTIFICATION: I swear the information I have entered on this form is true to the best of my knowledge. I understand that if I deliberately conceal or enter false information on the form my application may be rejected, I may be removed from the list of eligible candidates, or I may be removed from the position. I agree that the Office of the Governor may contact present or former employers or other persons who know me to obtain any additional information about my skills and abilities. I understand that the information on this application is public information and may be released through a legal request for such information.

Signature (in ink): _____ Date: _____

Please attach a current resume with your application.