



100 Andover Park West, Suite 150-289
Tukwila, WA 98188

Application for Appointment to the Governor's Industrial Safety & Health Advisory Board

FIRST NAME	MIDDLE NAME	LAST NAME

CONTACT INFORMATION

Address Line 1	Home Phone Number
Address Line 2	# Number
City	Email Address
State	May we contact you via email?
Washington	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip Code	How may we best contact you?
	<input type="checkbox"/> Email <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell <input type="checkbox"/> Business
County	

[Find Your Legislative and Congressional District](#)

Legislative district in which you reside.

Congressional district in which you reside.

EDUCATION

High School		College	
Graduated	Year Graduated	Graduated	Year Graduated
		Degree	

CURRENT EMPLOYMENT

Job Title

Employer

Address Line 1

Work Phone

Address Line 2

Work Fax

City

Email Address

State

Employment Date (mm/dd/yyyy)

Zip Code

Contact Person

County

Contact Phone

Professional Licenses Held (if applicable)

REFERENCES

Professional Reference 1

Professional Reference 2

Name

Name

Title

Title

Relationship

Relationship

Phone Number

Phone Number

Personal Reference 1

Personal Reference 2

Name

Name

Title

Title

Relationship

Relationship

Phone Number

Phone Number

Previous Employment or Experience

Memberships in Professional, Civic Organizations or Government Boards or Commissions (Please Include Offices Held and Dates of Terms)

Community Service/Volunteer Activities

Could you or your family be affected financially by decisions made by the board for which you are applying?

 Yes No

If yes, please explain.

Board meetings are held during the day. Are you able to come prepared and actively participate in day meetings?

 Yes No

Why do you want to serve on the board?

PERSONAL INFORMATION

Gender

 Female Male

Are you a citizen of the United States?

 Yes No

Birth Date (mm/dd/yyyy)

Are you registered to vote in Washington state?

 Yes No

Have you ever been convicted of or found to have committed a crime or offense? (Do not include traffic offenses for which the fine was less than \$200.00)

 Yes No

If yes, please explain.

RACE INFORMATION

Alaskan Native

If you are Alaskan Native, please check one box below:

Aleut

Eskimo

American Indian

If you are American Indian, please list your enrolled or principal tribe:

Asian or Pacific Islander American

If you are Asian or Pacific Islander, please check one box below:

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other:

Latino(a), Hispanic or Spanish

If you are Latino(a), Hispanic, or Spanish, please check one box below:

Cuba

Mexican, Mexican-American, Chicano

Puerto Rican

Other Latino(a), Hispanic, or Spanish group, such as Colombian, Dominican, etc.

Black/African American

White/Caucasian

Other Race:

DISABILITY INFORMATION

Do you have a permanent physical, sensory, or mental condition that limits your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, and learning?

Yes No

If yes, please explain.

VETERAN INFORMATION

Have you ever been on active duty with the U.S. Armed Forces?

Yes No

Branch of Service

Type of Discharge

Campaigns

I hereby authorize that my criminal record history and tax records be released to the Governor or the Governor's representative and certify that the information provided in this application is true, correct, and complete to the best of my knowledge. Initial:

Date (mm/dd/yyyy)