



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
OFFICE OF THE GOVERNOR
LANSING

JOHN D. CHERRY, JR.
LT. GOVERNOR

Appointment Application

Please return this questionnaire to the Office of the Governor, Attention Appointments Division, 111 South Capitol Avenue, P.O. Box 30013, Lansing, MI 48909; by email to appoint@michigan.gov; or by fax at (517) 335-7899. Please submit your resume with this application.

Position(s) for which you would like to be considered: _____

Name _____
Last Middle First

Have you ever used, or have you ever been known by, any other name? If yes, provide names and explain:

Home Address: _____
Street/City/State/Zip County

Business Name: _____

Business Address: _____
Street/City/State/Zip County

Position Title: _____

Home Telephone: _____ Business Telephone: _____

Fax Number: _____ Cell Number: _____

Driver's License Number*: _____

Date of Birth*: _____ Social Security Number*: _____

E-Mail Address: _____

Spouse or partner's name: _____

Are you: United States Citizen - Yes____ No____
Registered Voter- Yes____ No____

Michigan Resident - Yes____ No____

*Required for background check only

EDUCATION (Include degree and dates; if answered in full on your attached resume, please indicate):

EMPLOYMENT EXPERIENCE (if answered in full on your attached resume, please indicate):

Do you hold any professional licenses? If so, please include numbers: _____

What special skills could you bring to this position? _____

Previous government appointments: _____

Please provide us with the names of your: Member of Congress: _____

State Senator: _____ State Representative: _____

Please list any person or group who might take overt or covert steps to attack, even unfairly, your appointment:

Please indicate any matter in which you are involved that is or may be incompatible with the discharge of the duties of the position(s) to which you seek to be appointed or that may impair or tend to impair your independence of judgment or action in the performance of the duties of that position:

The following optional information is elicited in order to ensure that this administration considers the talent and creativity of a diverse pool of candidates. In addition, specific backgrounds or qualifications are legally required for appointment to some boards and commissions. You may, therefore, wish to provide this information in order to ensure that you are considered for relevant boards and commissions.

Ethnicity: _____ Gender: _____ Age: _____

Political affiliation: _____ Military Service: _____

Person with disability: _____

CONSENT AND CERTIFICATION

I consent to the release of information concerning my ability and fitness for the position to which I seek to be appointed by my employer(s), schools, law enforcement agencies, and other individuals and organizations. I authorize the use of the information provided above to conduct a background search, including the use of my social security number to access credit history, existing criminal records and other publicly available information.

I, _____ (please print name), certify that all statements and representations provided in this statement and on accompanying materials and resume are, to the best of my knowledge, true and accurate.

Signature _____ Dated _____