

**COMMONWEALTH OF KENTUCKY
INFORMATION FOR COMMUNITY COLLEGE BOARD OF DIRECTORS**

Return Completed Form To:
Geoff Dunn, Executive Director
Boards and Commissions
Governor's Office
Suite 132, State Capitol
Frankfort, KY 40601
(FAX 502/564-2647)

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| Please indicate Boards/Commissions you wish to consider |
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PLEASE SUBMIT A CURRENT RESUME WITH THE APPLICATION, AND ON A SEPARATE SHEET EXPLAIN WHY YOU WOULD BE WILLING TO SERVE.

| | | | | |
|---|------------------------------------|---|-------------------------|-------------------------|
| Your Name (Last, First, Middle) Mr. Ms. Mrs. | | *County | *Congressional District | *Supreme Court District |
| Home Address | City | State | Zip | |
| Date of Birth | | *Party Affiliation: Dem. Rep. Ind. (Underline one) | | Race |
| Your Occupation | Business Phone Number & Fax Number | | Residence Phone Number | |
| Email Address | | | Mobile Number | |
| Current Employer | Business Address | | | |
| Spouse's Name | Spouse's Employer | | | |

EDUCATION AND GENERAL QUALIFICATIONS:

| Level | Name of School | No. Years Attended | Did you Graduate | Major Course(s) of Study |
|---|----------------|--------------------|------------------|--------------------------|
| High School | | | | |
| College/Other | | | | |
| Memberships in Organizations. Also Indicate Current Positions With Political Party or Organization. Indicate Any Public Office Currently Held. | | | | |
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| | | | | |

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ IF YES, PLEASE INDICATE CHARGE, DATE AND PLACE.

By signing below, I understand the Governor's Office may conduct a complete check on my background and do hereby authorize such an investigation.

REFERENCES (List two persons not related to you, whom you have known for at least one year)

| Name | Address | Phone Number | Years Acquainted |
|------|---------|--------------|------------------|
| | | | |
| | | | |

*Necessary for certain boards to comply with state law in regard to balance

DATE: _____ SIGNATURE: _____

**COMMONWEALTH OF KENTUCKY
COMMUNITY COLLEGE CONFLICT OF INTEREST QUESTIONNAIRE**

NAME (Please Print)

1. Are you employed by a public institution of higher education in Kentucky? _____. If yes, with which institution and in what capacity?

2. Do you have a relative* employed by a public institution of higher education in Kentucky? _____ If yes, provide the name and the address of the relative and the institution with which he or she is employed and the position held.

*Relative: father, mother, brother, sister, husband, wife, son, daughter, uncle, aunt, son-in-law, or daughter-in-law.

3. Are you an officer or director of any corporation which does business with a public institution of higher education in Kentucky? _____. If yes, please list the names of the corporation, the office held, and the approximate dollar amount of business involved.

4. Do you, or does any relative of yours, have a financial interest in, or receive any remuneration or income from, any business organization which has business dealings with a public institution of higher education in Kentucky? _____ If yes, please supply the following information:

A. Names of the business organizations in which such interest is held and the person(s) by whom such interest is held

B. Nature and amount of each such financial interest, remuneration or income;

5. Did you, or any relative of yours receive, during the past twelve months, any gifts or loans from any source from which a public institution of higher education in Kentucky buys goods or services or has significant business dealings? _____.

If yes, list such gifts or loans as follows:

| <u>NAME OF SOURCE</u> | <u>ITEM</u> | <u>APPROXIMATE VALUE</u> |
|-----------------------|-------------|--------------------------|
|-----------------------|-------------|--------------------------|

Date: _____ Signature: _____

PLEASE EXPLAIN ON SEPARATE SHEET WHY YOU WOULD BE WILLING TO SERVE
