



STATE OF COLORADO

APPLICATION FOR BOARDS AND COMMISSIONS
OFFICE OF THE GOVERNOR

Please attach a current resume

FOR OFFICE USE ONLY

DB _____

SLOT _____

BK _____

BOARD OR COMMISSION FOR WHICH YOU ARE APPLYING:					
Name (Last, First, Middle)		County	Cong. Dist.	Senate District	House Dist
Home Address		City		State	Zip Code
Date of Birth	Driver's License #	Gender M F	Registered Voter? Party Affiliation	Yes No Dem Rep Un	Race (Optional) African American Asian Hispanic Native American Caucasian
Present Employer/Occupation		Business Phone # ()		Home Phone # ()	
Business Address				E-mail Address	

EDUCATION AND GENERAL QUALIFICATIONS

LEVEL	NAME OF SCHOOL	LOCATION	No. Years Attended	Did You Graduate?	Major Course of Study
High School					
College					
Trade/Business/Correspondence					
Memberships in Organizations And Offices Held (Indicate if Past or Present)					
Special Skills and Qualifications					

REFERENCES (List three persons, not related to you, who you have known for at least one year.)

NAME	ADDRESS	PHONE #

Is there anything in your background that might be an embarrassment to the Governor or you if it were to become public?

YES NO (If YES, please explain in attachment to this application)

I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize investigation of all statements contained herein and the references listed above to obtain any and all pertinent information, personal and otherwise. I further authorize the Office of the Governor to conduct a criminal background check, including requesting a criminal history from the Colorado Bureau of Investigation. I release all parties for all liability for any damage that may result from furnishing such information.

I understand that the Colorado Open Records Act may require that certain information contained in this application be available for inspection by the general public.

RETURN COMPLETED FORM TO:
Shaylisa Hurte, Director
Governor's Office of Boards and Commissions
136 State Capitol Bldg.
Denver, CO 80203
Fax: (303) 866-6368

SIGNATURE _____

DATE _____